



MEMBERSHIP APPLICATION FORM

NAME: _____
(LAST) (FIRST) (MIDDLE)

TITLE (Mr. Ms. Dr., etc.): _____ SEX: MALE FEMALE

COUNTRY OF BIRTH: _____ DATE OF BIRTH (dd/mm/yyyy): _____

EMPLOYER: _____ JOB TITLE: _____

MAILING ADDRESS: _____

PRIMARY EMAIL: _____ SECONDARY EMAIL: _____

TELEPHONE: _____ FACSIMILE: _____

Please indicate whether you wish your contact information to be shared with other members Y N

ACTUARIAL MEMBERSHIPS AND DESIGNATIONS:

STUDENT Y N

Check all applicable. If you are a Student, indicate designation being pursued.

- FIA FSA FAA FCIA FCAS AAG
- EA IAA AIA ASA/CAT ACAS CERA
- FFA MAAA CAA FASSA Other _____

For members of the Institute and Faculty of Actuaries, indicate whether: partially regulated fully regulated

If partially regulated, indicate your primary regulator: _____

AREA OF PRACTICE: Life Pensions P&C Other _____

DO YOU PRACTICE: Within the Caribbean Outside the Caribbean

(Please give details)

MEMBERSHIP FEES:

Membership Fees are payable in US\$ funds. Please make cheques payable to Caribbean Actuarial Association or use VISA or MasterCard. If paying by credit card, please print the name and address of the cardholder if different from applicant.

- Ordinary US\$250 Associate US\$160
- Affiliate US\$160 Student US\$70

*Please see descriptions of the membership classes on the next page.

I hereby apply for membership in the Caribbean Actuarial Association:

(Signature of Applicant)

(Date)

I confirm that I have known the applicant for ____ (months/years) and judge them fit to be a member:

(Proposed by)

(Member Number)

Method of Payment: Card Cheque Wire Transfer

Card Number (if applicable): _____

Card Type: VISA MASTER CARD Expiry Date: _____

Cardholder's Signature: _____

Cardholder's Name: _____

Cardholder's Address: _____



Membership Classes

Ordinary Member: Any **Actuary*** who is practicing or is resident in a Caribbean Country. Each application for Ordinary Member must be accompanied by a recommendation from a current Ordinary Member of the CAA.

Affiliate Member: Any **Actuary*** or ASA, or equivalent, neither practicing nor resident in the Caribbean but with a significant professional interest in the Caribbean.

Associate Member: Any person who has attained Associateship of the Society of Actuaries (ASA), or equivalent who is practicing or is resident in a Caribbean Country. Any person holding the Actuarial Analyst Actuarieel Genootschap (AAAG) may apply for Associate Membership.

Student Member: Any person pursuing or who has pursued actuarial examinations of a professional or institutional actuarial body recognized by the Executive Council, who is born, resident or practicing in a Caribbean Country.

***Actuary:** A Fellow, by examination, of the Faculty of Actuaries, the Institute of Actuaries, the Casualty Actuarial Society, the Canadian Institute of Actuaries, the Society of Actuaries, het Actuarieel Genootschap or any other actuarial association which is a full member of the International Actuarial Association and approved by the Executive Council.