



MEMBERSHIP APPLICATION FORM

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

TITLE: _____

DATE OF BIRTH: _____ SEX MALE FEMALE (Day/Month/Year)

COMPANY/FIRM: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____ FACSIMILE: _____

ACTUARIAL MEMBERSHIP/DESIGNATION: (Please indicate all applicable. If Student, please also indicate designation being pursued)

- FIA FSA FAA FCIA FCAS MAAA
 EA IAA IAA ASA/CAT ACAS Student
 Life Pensions P&C Other

AREA OF PRACTICE:

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 the above.

- Ordinary US\$230 Associate US\$145
Affiliate US\$145 Student US\$60

I hereby apply for membership in the Caribbean Actuarial Association.

(Signature of Applicant)

(Date)

Card Number: _____ Expiry Date: _____ / _____
Card Type: VISA MASTER CARD

Cardholder's Signature: _____

Cardholder's Name: _____

Cardholder's Address: _____

Member's Signature: _____

Please return this form by email to caasecretariat@gmail.com, or to Catherine Lyn either by fax at: 876 926-1212, or by mail to: Duggan Consulting Limited, 26 Trafalgar Road, Kingston 10, Jamaica, West Indies