

**ACTUARIES CLUB OF PHILADELPHIA  
2011-2012 APPLICATION FOR MEMBERSHIP**

(See Page 2 for Membership Qualifications)

Method of Payment:        \_\_\_\_\_ Check – individual membership  
   \_\_\_\_\_ Pay Pal. See Page 3. Please mail, fax or e-mail application form.  
   \_\_\_\_\_ Corporate Check or Pay Pal for several individuals. Complete Page 2  
Checks should be made payable to: **Actuaries Club of Philadelphia**

Individual Member Information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Company: \_\_\_\_\_

Address:  
Street: \_\_\_\_\_  
Apt/Suite: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Professional Designations (Check all that apply)

FSA: \_\_\_\_\_  
ASA: \_\_\_\_\_  
MAAA: \_\_\_\_\_  
EA: \_\_\_\_\_  
CERA: \_\_\_\_\_

Completion of 3 ASA or CERA exams: \_\_\_\_\_

Indicate if full member of internationally recognized actuarial organization and name of organization.  
\_\_\_\_\_

Area of Practice

Life \_\_\_\_\_  
Health \_\_\_\_\_  
Pension \_\_\_\_\_  
Other (specify) \_\_\_\_\_

Membership Fee

\_\_\_\_\_ Enclosed is my membership fee of **\$20**.  
\_\_\_\_\_ I'm retired. Please waive my membership fee.  
\_\_\_\_\_ I'm not actively employed. Please waive my membership fee.

Workshops

\_\_\_\_\_ I would be willing to lead a workshop.  
My area of expertise is: \_\_\_\_\_

Suggestions

Please suggest a topic for a future workshop that you would like to attend, or list any other suggestions you have for the Actuaries Club. \_\_\_\_\_

Send to:        Joe Higgins  
   INS Consultants  
   419 S. 2<sup>nd</sup> Street, Suite 206  
   Philadelphia, PA, 19147

e-mail: membership@phillyactuaries.org  
phone: 267-239-8909  
fax: 215-627-7104

Note: Persons in Philadelphia or vicinity meeting at least one of the qualifications listed below may become members of this Club.

- a) Fellows and Associates of the Society of Actuaries;
- b) Members of the American Academy of Actuaries;
- c) A full member of any internationally recognized actuarial organization, currently in good standing; or
- d) Individuals with active involvement with the profession through education or employment, having passed at least three of the Society of Actuaries exams.

**Complete the following only if you are sending one check or Pay Pal payment for each member in your organization.**

Address:

Company: \_\_\_\_\_

Street: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Enclosed is my membership fee of \$\_\_\_\_\_ \$20 for each member.

Check \_\_\_\_\_

Checks should be made payable to: Actuaries Club of Philadelphia.

Pay Pal \_\_\_\_\_

See Page 3. You still need to mail, fax or e-mail application form.

	<u>First Name</u>	<u>Last Name</u>	<u>Professional Designations</u>	<u>E-Mail</u>	<u>Area(s) of Practice</u>
1.					
2.					
3.					
4.					
5.					
6.					
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11.					
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19.					
20.					

### Instructions for Pay Pal

- Go to [www.paypal.com](http://www.paypal.com).
- Sign up or log into your account. It is not necessary to verify with a bank account.
- If needed, add a credit card to raise limit. Enter all credit card details to complete task.
- Select “Send Money” option.
- Recipient’s e-mail (Actuaries Club of Philadelphia account) is [payments@phillyactuaries.org](mailto:payments@phillyactuaries.org)
- Enter amount of meeting fee according to the announcement details.
- Type is Service.
- Subject: e.g. Actuaries Club of Philadelphia Membership Dues  
Date: e.g. September 30, 2011
- Check Payment Details and Send Money (No Shipping Address required).

Please mail, fax or e-mail application form. On membership application, check “Method of Payment: Pay Pal” and include the e-mail address that is used for your Pay Pal account.