

ACTUARIES CLUB OF PHILADELPHIA
2016-2017 APPLICATION FOR MEMBERSHIP
(See Page 2 for Membership Qualifications)

Method of Payment: _____ Check – individual membership
 _____ Pay Pal, or Credit Card. 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 **\$25**.
_____ 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

1. Please suggest a topic for a future workshop that you would like to attend _____
2. Please suggest a social or networking event for the club that you would like to attend _____
3. Please list any other suggestions for the club _____

Send to: Gary Rosen
INS Consultants
419 S. 2nd Street, Suite 206
Philadelphia, PA, 19147

e-mail: membership@phillyactuaries.org
phone: 267-239-8957
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 \$_____ \$25 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.					
7.					
8.					
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11.					
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Instructions for Pay Pal

- Go to 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
- 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, 2016
- 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.

Payment with Credit Card

Payment can also be made using a credit card through Pay Pal.

Go to the Club’s website: <http://www.phillyactuaries.org/>. Click on “Make a Payment”. Click on . You will be re-directed to the PayPal website.

You do not need to have a PayPal account but payments will be processed by PayPal. **Please read the User Agreement and Privacy Policy at the bottom of the PayPal screen.**