



AMERICAN ACADEMY of ACTUARIES

1850 M Street NW, Suite 300, Washington, DC 20036-5805

(202) 223-8196 Fax (202) 872-1948 www.actuary.org

REINSTATEMENT APPLICATION

Please print clearly. All sections must be completed.

PERSONAL DATA

Name _____ Date of Birth ___/___/___ Male Female

Employer _____ Your Title _____

Business Address _____

City _____ State _____ ZIP Code _____ Country _____

Telephone (____) _____ Fax (____) _____ E-mail _____

Home Address _____

City _____ State _____ ZIP Code _____ *Country _____

Telephone (____) _____ Fax (____) _____ E-mail _____

*Have you been a resident of the United States for more than three years? Yes No

If no, please provide a separate statement, on your letterhead, indicating the need for your association with the Academy and familiarity with U.S. practices.

Send mail to: Business Home

YOUR BACKGROUND

1. Membership Education Requirements

Status in other actuarial organizations (current membership isn't required):

Organization	Level	Date Attained
American Society of Pension Professionals and Actuaries		
Casualty Actuarial Society		
Conference of Consulting Actuaries		
Society of Actuaries		
Other(s)		

2. Are you an enrolled actuary? Yes No

Enrollment Date ___/___/___ Enrollment Number _____

3. Has any actuarial organization ever taken disciplinary action (i.e., reprimand, suspension, or expulsion) against you? Yes No (If yes, explain on separate sheet of paper.)

4. Date your Academy membership ended ____/____/____ Reason: _____

5. Why do you want to renew your membership? _____

6. Describe Your actuarial experience in detail (attach additional sheets if necessary):

Employer	Name and Position of Immediate Supervisor	Your Title, Duties, and Actuarial Responsibilities	Start Date (month/year)	End Date (month/year)	Actuarial Experience
					____ yrs. ____ mos.
					____ yrs. ____ mos.
					____ yrs. ____ mos.
					____ yrs. ____ mos.
					____ yrs. ____ mos.
Total					____ yrs. ____ mos.

7. Have you ever been convicted of a felony? Yes No

If yes, describe the facts and circumstances of the conviction on a separate piece of paper and return it with this application. A conviction does not automatically preclude you from membership in the Academy, but will be considered (with your explanation) as part of the admissions process.

APPLICANT STATEMENT AND PAYMENT INFORMATION

I agree to be bound by the Academy Bylaws, Code of Professional Conduct and Qualification Standards for Prescribed Statements of Actuarial Opinion of the American Academy of Actuaries (in effect through 12/31/2007), the revised Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States (effective as of January 1, 2008), and by the Actuarial Standards of Practice of the Actuarial Standards Board. While an Academy member, I followed the Code of Professional Conduct (except as may be noted above), and I represent that I will follow the Code of Professional Conduct while performing my actuarial duties in the future.

Signature _____ Date _____

If you are approved for reinstatement, you will receive an invoice for annual dues.

Please mail the completed form to:



AMERICAN ACADEMY of ACTUARIES
 Kasha Shelton, Membership Department
 1850 M Street NW, Suite 300, Washington, DC 20036-5805
 (202) 223-8196 Fax (202) 872-1948 www.actuary.org
 E-mail membership@actuary.org

Office Use Only	
Date Received:	Application #:
Fee Paid: \$	Source:
Comments:	