



# SOCIETY OF ACTUARIES

## APPLICATION FOR CAS MEMBERS SEEKING SOA MEMBERSHIP

Applications should be sent to SOA Registrar, Brett Rogers at [brogers@soa.org](mailto:brogers@soa.org).

Please be sure to sign and date the application.

1. Full Name

\_\_\_\_\_ (last name) (first name) (middle name)

2. Date of Birth /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (day) (year)

3. Address

\_\_\_\_\_ (street)

\_\_\_\_\_ (city/town) (state/province) (ZIP/postal code) (country)

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

4. Year ACAS attained: \_\_\_\_\_ Year FCAS attained: \_\_\_\_\_

5. Did you attain ACAS/FCAS by the completion of CAS exams?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

6. For FCAS only: Are you currently compliant with the CAS Professional Development requirement or its equivalent? Please explain in detail what you have done to satisfy this requirement by attaching separate documentation.

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Has any professional organization ever taken disciplinary action against you as either a member or candidate?\*

YES  NO

Are there any disciplinary action(s) currently pending against you?\*

YES  NO

Have you ever pleaded guilty to, or been found guilty of, any misdemeanor related to financial matters, or any felony?\*

YES  NO

\*If you answered yes to any question, please explain on an additional sheet of paper.

I hereby certify that the above answers are correct. I authorize the Society of Actuaries to verify the information submitted on this application, and I release from any liability (except for intentional, wrongful infliction of harm) any person or organization supplying such information to the Society of Actuaries.

I understand that admission to and continued membership in the Society of Actuaries is conditioned upon, and I hereby agree to abide by, the [bylaws](#), policies and rules adopted by the Society of Actuaries from time to time, including the payment of membership dues and compliance with the [Code of Professional Conduct](#).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please refer to the [Admission as Associate/Fellow](#) information on the SOA website for additional details.