

**ACTUARIES CLUB OF PHILADELPHIA
2009-2010 APPLICATION FOR MEMBERSHIP**

Member Information

First Name: _____
Last Name: _____

Work Address:

Company: _____
Street: _____
Apt: _____
City: _____
Zip: _____
Phone: _____
E-Mail: _____

Credentials (Check all that apply)

FSA: _____
ASA: _____
MAAA: _____
EA: _____
Completion of 1 st 3 levels (P, FM, & M): _____
Full member of internationally recognized actuarial 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

_____ 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.

Checks should be made payable to: Actuaries Club of Philadelphia

Send to:

Robert A. Hanes
Ernst & Young LLP
2001 Market Street, Suite 4000
Philadelphia, PA 19103, United States of America