



3880 Salem Lake Drive, Suite H
 Long Grove, IL 60047-5292
 847-719-6500
www.ccactuaries.org

Membership Application

(Please print in black ink or type)
 For admission to the Conference of Consulting Actuaries.
 Membership requirements are on the reverse side.

Work Address _____
City _____ **State** _____
Zip _____
Phone _____

Name _____
Email _____
Employer _____
Birth Year _____

Home Address _____
City _____ **State** _____
Zip _____
Phone _____

CCA Designation

Please check the box beside the designation requested, as well as the appropriate qualification(s) currently held.
 (See reverse side for the designations key.)

Associate (ACA)

Any one of the following:

- ASA
- ACAS
- EA*
- MAAA*
- MSPA*
- Approved international* credential (see reverse)

Fellow (FCA) A candidate for membership as a Fellow must, as of his or her date of application, be substantially engaged in consulting actuarial practice; working as an actuary of a governmental unit; working as an Enrolled Actuary; working at an insurance company; or teaching actuarial science, **and**

Fellow (FCA) Track #1

Six years actuarial experience with three years in consulting, **and** any one of the following:

- ASA
- ACAS
- EA*
- MAAA*
- MSPA*
- Approved international* credential (see reverse)

Fellow (FCA) Track #2

Active ACA for a period of three consecutive years

Fellow (FCA) Track #3

- FSA
- FCAS
- FSPA*
- Approved international* credential (see reverse)

* All actuaries not credentialed by the Society of Actuaries or the Casualty Actuarial Society are required to sign off on a form acknowledging professional awareness of the Qualification Standards and professionalism for actuaries prior to processing his/her application (required by the International Actuarial Association). The form is available through <http://www.ccactuaries.org/join/professionalism-for-us-actuaries> .

I understand that to be considered for membership in the Conference of Consulting Actuaries that I must have high ethical standards, must not be under investigation by the Actuarial Board for Counseling and Discipline (ABCD) or have a pending disciplinary proceeding from any relevant organization as listed above. I further understand that my membership application may be rejected or put on hold if I am under investigation by the ABCD or pending a disciplinary proceeding by any of the organizations listed above. If my membership application is accepted, I agree to be bound by the Code of Professional Conduct of the CCA and by the Bylaws of the CCA, as amended from time to time.

Date _____

Signature _____

Upon completion, please forward this form to the CCA office.

Approved International Credential*

The Board of Directors currently recognizes several international designations for purposes of membership. Applicants based outside the U.S. may use their membership in any of the following approved organizations. Please check the appropriate boxes for groups in which you hold a designation:

- | | |
|---|------------------------|
| <input type="checkbox"/> Asociación Mexicana de Actuarios | Designation Held _____ |
| <input type="checkbox"/> Asociación Mexicana de Actuarios Consultores | Designation Held _____ |
| <input type="checkbox"/> Canadian Institute of Actuaries | Designation Held _____ |
| <input type="checkbox"/> Colegio Nacional de Actuarios | Designation Held _____ |
| <input type="checkbox"/> Institute and Faculty of Actuaries | Designation Held _____ |
| <input type="checkbox"/> Institute of Actuaries of Australia | Designation Held _____ |
| <input type="checkbox"/> Other | Designation Held _____ |

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Application Review Process

Upon receipt of this membership application, the CCA reviews the form to ensure it is completed and signed by the applicant. Once the review is complete, the CCA requests the ABCD to confirm that the applicant is not under investigation by the ABCD or pending a disciplinary proceeding from any relevant organization as listed above. All applicants who are approved receive an acceptance letter from the President of the CCA.

Dues

All dues of members shall be due and payable as of the beginning of each calendar year for such calendar year. The amount of dues for each class of membership shall be determined annually by the Board of Directors, with any changes subject to confirmation by a majority vote of the voting members present and voting at the Annual Meeting of the CCA before such dues become effective. Annual dues shall be payable for a full calendar year or for any part of a calendar year during which the person was a member of the CCA, provided that when a person is admitted as a member after the Annual Meeting of any year, the dues shall apply for the calendar year beginning on the succeeding January 1. Annual dues for 2019 are \$425; Federal Government Employees: 50% off of full dues - \$212.50.

Continuing Education

To remain a member in good standing, the members of any classification, other than those electing Retired Status in accordance with Article III, Section 1 d) of the Bylaws, must satisfy, in addition to any other requirements for remaining in good standing, such Continuing Education requirements as the Board may specify. Beginning January 1, 2004, the Board requires that members earn 30 credits per calendar year, with at least three credits in professionalism. A signed statement must be filed by the close of business on the last business day in February of the following year.

Please note: Having been accepted as a new member anytime on or after January 1 of the education year, the requirements for that year are deemed to be satisfied.

Designations Key

The following is a key of the acronyms noted on the application form:

- | | |
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| ACA – Associate, Conference of Consulting Actuaries | FSA – Fellow, Society of Actuaries |
| FCA – Fellow, Conference of Consulting Actuaries | MAAA – Member, American Academy of Actuaries |
| ACAS – Associate, Casualty Actuarial Society | EA – Enrolled Actuary |
| FCAS – Fellow, Casualty Actuarial Society | MSPA – Member, American Society of Pension Professionals & Actuaries |
| ASA – Associate, Society of Actuaries | FSPA – Fellow, American Society of Pension Professionals & Actuaries |