



## CASUALTY ACTUARIES OF THE SOUTHEAST

### MEMBERSHIP FORM

NAME: \_\_\_\_\_  
TITLE/DEPARTMENT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

I wish to join CASE as a

\_\_\_\_\_ Member (must be FCAS or ACAS)  
\_\_\_\_\_ Subscriber-automatic (must have 3 CAS exams)  
\_\_\_\_\_ Subscriber-other (subject to approval)

I have enclosed a check payable to CASE for:

\_\_\_\_\_ \$30 one-time enrollment fee (required for membership/subscribership, whether attending meeting or not). Enrollment fees for several individuals may be combined into a single check; enclose a completed form for each individual.

Please return this form along with a check made payable to CASE to:

Barbara Ferns  
NCCI, Inc.  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487