



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