



CASUALTY ACTUARIAL SOCIETY APPLICATION FOR MEMBERSHIP AS ASSOCIATE

Date: _____

Having met the examination requirements for Associateship, I hereby apply for membership in the Casualty Actuarial Society. I have read the Constitution, Bylaws, and the Code of Professional Conduct and I agree to abide by them. I also acknowledge that CAS can take action based on facts and investigations conducted by other organizations when considering membership applications or disciplinary actions.

Relevant information about me is attached in the Biographical Questionnaire. In addition, I have requested letters of reference. I understand that my application is not complete without these letters of reference.

Personal Information - Home Address *(Please print clearly or type)*

Name: _____

Address: _____

City, State, and Zip: _____

Has any actuarial organization ever taken any public disciplinary action against you (i.e. public reprimand, suspension, or expulsion)? Yes* No

**If yes, please explain on a separate sheet of paper.*

Signature: _____

Date: _____

All application materials and letters must be submitted to:

Member Resource Center Manager
Casualty Actuarial Society
4350 N. Fairfax Drive, Suite 250
Arlington, VA 22203
U.S.A.
Fax: 703.276.3108
E-mail: dgee@casact.org