



CARIBBEAN ACTUARIAL ASSOCIATION

MEMBERSHIP APPLICATION FORM

NAME _____
(Last) (First) (Middle Initial)

TITLE _____

COMPANY/FIRM _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE _____ FACSIMILE _____

DATE OF BIRTH _____ (Day/Month/Year)

ACTUARIAL MEMBERSHIP/DESIGNATION (please indicate all applicable):

FIA	FSA	FFA	FCIA	FCAS	MAAA
EA	AIA	IAA	ASA/CAT	Student	

AREA OF PRACTICE: Life Pensions P&C Other

MEMBERSHIP FEES: Membership Fees are payable in US\$ funds. Please make cheques payable to Caribbean Actuarial Association or use VISA or MasterCard. If paying by credit card, please print the name and address of the cardholder if different from the above.

Ordinary	US\$200	Associate	US\$125
Affiliate	US\$125	Student	US\$50

I hereby apply for membership in the Caribbean Actuarial Association.

(Signature of Applicant)

(Date)

Card # _____ Exp. Date ____ / ____

Card Type: () VISA () MasterCard

Cardholder's Signature _____

Print Cardholder's Name _____

Cardholder's Address _____

Member's Signature _____

Please return this form to Catherine Lyn either by fax at: 876 926-1212, or by mail to: Duggan Consulting Limited, 26 Trafalgar Road, Kingston 10, Jamaica, West Indies