

# American Society of Enrolled Actuaries (ASEA) Application for Student Membership

Apply Now!  
Questions?  
Call 800-308-6714

Name: \_\_\_\_\_  
First MI Last (former name)

Company (if any): \_\_\_\_\_ Company Owner's Name(s): \_\_\_\_\_  
(provide company name, even if home address is noted below)

Title: \_\_\_\_\_  I am the owner

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home  Business

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Zip Code (for government affairs purposes): \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(to be used for communications and for ASEA Academy Forum Google Group)

## Do you hold any professional credentials?

- ACA  Enrolled Agent  FCAS  
 ASA  CERA  FSA  
 ACAS  FCA  MAAA

## Which position best describes your job function?

- Accountant/Plan Auditor  Attorney  Student  
 Actuary  Home Office (BD, RIA, DCIO)  TPA/Plan Administrator  
 Advisor 401(k)  Institutional Trainer  Wholesaler (External)  
 Advisor — 403(b)/457 Plan  Recordkeeper  Other: \_\_\_\_\_

## Which business most closely describes your place of employment, if any?

- Accounting  Government Entity  Legal  
 Actuarial/Employee Benefits  Human Resources  Mutual Fund/DCIO  
 Bank/Savings & Loan  Industry Training  Plan Sponsor  
 Brokerage  Insurance Agency  Recordkeeper  
 Computer/Software  Insurance Provider  TPA  
 Consulting  Investment Consulting  TPA — Producing  
 Educational Institution  Investment Provider  Other: \_\_\_\_\_

## Code of Conduct:

Have you been found guilty of a felony, violation of insurance or securities regulations or any violation of the code of ethics of any professional or business organization?

No  Yes (if yes, explain on a separate attachment.)

I have read the ASPPA Code of Professional Conduct, and the Code of Professional Conduct for Actuaries. If my application is accepted I agree to abide thereby. I certify that the information provided in this application is true and correct to the best of my knowledge. (If you do not have a copy of the ASPPA Code of Professional Conduct, please call the ASEA office to request one.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information:

### Dues Payment:

- \$50 Student Membership (through 12/31)  
 Current ASPPA members: please provide ASPPA Member ID number (payment is not required) \_\_\_\_\_

I am paying by  Check  Money Order  Mastercard  Visa  Amex  Discover

Name as it appears on card: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Remit Payments:

**Paying by check?** Please send your completed application to: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725.

**Paying by credit card?** Please fax your completed application to 703.516.9308 or email [accountsreceivable@usaretirement.org](mailto:accountsreceivable@usaretirement.org).

Dues appearing on this application are not valid after December 31, 2024.

**Questions?** Please call us at 800.308.6714.

## Tax Deductions:

Dues, contributions or gifts to ASEA are not deductible as charitable contributions; they may be deductible, however, as ordinary and necessary business expenses. Federal law prohibits a tax deduction for the portion of membership dues attributable to lobbying expenses incurred by the organization. Consequently, for 2024, 15% of your dues are non-deductible in accordance with this provision.