

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?

- | | | |
|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> ACA | <input type="checkbox"/> Enrolled Agent | <input type="checkbox"/> FCAS |
| <input type="checkbox"/> ASA | <input type="checkbox"/> CERA | <input type="checkbox"/> FSA |
| <input type="checkbox"/> ACAS | <input type="checkbox"/> FCA | <input type="checkbox"/> MAAA |

Which position best describes your job function?

- | | | |
|--|--|---|
| <input type="checkbox"/> Accountant/Plan Auditor | <input type="checkbox"/> Attorney | <input type="checkbox"/> Student |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Home Office (BD, RIA, DCIO) | <input type="checkbox"/> TPA/Plan Administrator |
| <input type="checkbox"/> Advisor 401(k) | <input type="checkbox"/> Institutional Trainer | <input type="checkbox"/> Wholesaler (External) |
| <input type="checkbox"/> Advisor — 403(b)/457 Plan | <input type="checkbox"/> Recordkeeper | <input type="checkbox"/> Other: _____ |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Mutual Fund/DCIO |
| <input type="checkbox"/> Bank/Savings & Loan | <input type="checkbox"/> Industry Training | <input type="checkbox"/> Plan Sponsor |
| <input type="checkbox"/> Brokerage | <input type="checkbox"/> Insurance Agency | <input type="checkbox"/> Recordkeeper |
| <input type="checkbox"/> Computer/Software | <input type="checkbox"/> Insurance Provider | <input type="checkbox"/> TPA |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Investment Consulting | <input type="checkbox"/> TPA — Producing |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Investment Provider | <input type="checkbox"/> 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, the Code of Professional Conduct for Actuaries, and the Terms of Use for the ASEA Academy Forum Google Group. 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, or the Terms of Use for the Google Group, 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.

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.