

American Society of Enrolled Actuaries (ASEA) Application for Credentialed Membership Upgrade/Addition

All members must meet JBEA requirements. Membership in ASEA must be renewed annually to retain credentials.

Mr./Mrs./Ms. Name: _____
(circle one) First MI Last (former name)

Company: _____ 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: _____

Application for:

MSEA (Member, Society of Enrolled Actuaries) JBEA Enrollment No: _____

FSEA (Fellow, Society of Enrolled Actuaries) JBEA Enrollment No: _____

I understand that to be considered for MSEA membership in the American Society of Enrolled Actuaries (ASEA) and the American Society of Pension Professionals & Actuaries (ASPPA) I must have high ethical standards and must not be under investigations or have had sanctions imposed against me by the Actuarial Board for Counseling and Discipline (ABCD). I hereby give my consent to the American Society of Pension Professionals & Actuaries to verify my status with the ABCD. I further understand that my membership application/reinstatement may be rejected or put on hold if I am under investigation by the ABCD or pending a disciplinary proceeding by any other ABCD organization.

Signature: _____ Date: _____

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 at 703.516.9300 to request one.)

Signature: _____ Date: _____

Payment Information:

\$50 Application Processing Fee

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.

Questions? Please call us at 800.308.6714 or visit us online at asppa-net.org/ASEA.

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 2022, 10% of your dues are non-deductible in accordance with this provision.



4401 North Fairfax Drive, Suite 600
Arlington, VA 22203
P 703.516.9300 F 703.516.9308
www.asppa-net.org/asea