

MEMBERSHIP APPLICATION FORM

I Mr	Mrs Miss Ms				
••••••	(GIVEN NAMES)	BLOCK LETTERS	(SURNAME)		
If you are known by another name please include this here:					
Date of Birth:					
Company:					
Postal Address:					
Tel: Mobile Email:					
hereby apply for membership of the New Zealand Society of Actuaries in the following class of member:					
□ Fellow		ociate	Ordinary (students)		
Are you a current member of NZSA?					

My Actuarial Qualifications are: Fellow of Associate of Student of Date Attained The Institute and Faculty of Actuaries, UK The Institute of Actuaries of Australia The Society of Actuaries in Ireland The Society of Actuaries, USA The Casualty Actuarial Society, USA The Canadian Institute of Actuaries The Actuarial Society of South Africa The Institute of Actuaries of India Other (eg: overseas body/actuarial credential) Please specify: ____

I hold the following degrees, honours or distinctions: (<i>please provide degree, major and university for each</i>):			
Degree			
Major Subject			
University			
Other			



□ I live and work in New Zealand or Australia □ I do not live and work in New Zealand or Australia

(This section to be completed where an applicant does not live and work in New Zealand or Australia and is applying for the class of Fellow)

Despite not living and working in New Zealand or Australia, I believe that I am familiar with New Zealand conditions as they impact on actuarial work for the following reasons:

In order to comply with the Society's Code of Professional Conduct, the following questions must be answered:						
Have you –						
(i) subject to the Criminal Records (Clean Slate) Act 2004, been convicted of an indictable criminal offence?	Yes □	No □				
(ii) been found to have acted fraudulently or dishonestly by any court or tribunal or professional body equivalent to the Society in New Zealand or elsewhere?						
(iii) been found to have engaged in misleading or deceptive conduct in civil proceedings by any court or tribunal or professional body equivalent to the Society in New Zealand or elsewhere?						
(iv) in your professional capacity, been the subject of an adverse determination by a regulatory body in New Zealand or elsewhere?						
(v) become bankrupt?						
(vi) breached a determination under the Disciplinary Procedure?						

NZSA Privacy & Data Security	
I have read and agreed with the NZSA Privacy Act Policy	
I understand, on becoming a member, I have access to the member search function and I will act in accordance with the <u>Data Security Policy</u>	
I understand that if I choose to select practice area or practice location on my profile, this information is searchable and visible to other members	
I understand, that as a fellow or associate member, if I wish to have my details displayed on the public consultant search, I will need to tick the box labelled 'public search' in my profile to make sure their details are included	



New Zealand Society of Actuaries (Inc)

OR: If I do not want my information searchable by other members, pl	lease opt out here						
The NZSA will provide a list of Fellows, on an annual basis, to the Reserve Bank of New Zealand							
Date Signature:							
I support this application for membership (to be signed by a Fello	w of the New Zealand Society of Actuaries)						
Date Signature							
Note: In supporting an application you are confirming your belief that the applicant:							
 will represent the Society and actuarial profession in New Zealand positively demonstrates familiarity with New Zealand conditions and legislation 							
 is familiar with the Society's Professional Standards and guidance notes 							
FOR OFFICE USE ONLY: APPROVED D NOT APPROVED							
Date Signature Nam	e						
Date Nam	e						