



MEMBERSHIP APPLICATION FORM

I, Mr, Mrs, Miss, Ms (please circle)

.....
(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 [] Associate [] Ordinary (students)

Are you a current member of NZSA? [] Yes [] No

My Actuarial Qualifications are:

Table with 4 columns: Fellowship status (Fellow of, Associate of, Student of), Institution Name, and Date Attained. Includes entries for UK, Australia, Ireland, USA, Canada, South Africa, India, and Other.

I hold the following other actuarial qualifications, degrees, honours or distinctions:

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 (see below)

NEW ZEALAND CONDITIONS

(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:



New Zealand Society of Actuaries (Inc)

.....
.....
.....[Please use additional paper if required]

In order to comply with the Society’s Code of Professional Conduct, the following questions must be answered:

Have you –		Yes	No
(i) subject to the Criminal Records (Clean Slate) Act 2004, been convicted of an indictable criminal offence?		<input type="checkbox"/>	<input type="checkbox"/>
(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?		<input type="checkbox"/>	<input type="checkbox"/>
(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?		<input type="checkbox"/>	<input type="checkbox"/>
(iv) in your professional capacity, been the subject of an adverse determination by a regulatory body in New Zealand or elsewhere?		<input type="checkbox"/>	<input type="checkbox"/>
(v) become bankrupt?		<input type="checkbox"/>	<input type="checkbox"/>
(vi) breached a determination under the Disciplinary Procedure?		<input type="checkbox"/>	<input type="checkbox"/>

I agree as a condition of membership, to be bound by the Rules of the Society and note NZSA will provide a list of Fellows, on an annual basis, to the Reserve Bank of New Zealand and a list of Fellows may be available on the NZSA website.

Date Signature:

I support this application for membership (to be signed by a Fellow of the New Zealand Society of Actuaries)

Date Signature Name

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 NOT APPROVED

Date Signature Name

Date Signature Name

Membership Database Xero Joining Fee Invoice