



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 Associate Ordinary (students)

Are you a current member of NZSA? Yes No

My Actuarial Qualifications are:

Fellow of	Associate of	Student of		Date Attained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Institute and Faculty of Actuaries, UK	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Institute of Actuaries of Australia	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Society of Actuaries in Ireland	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Society of Actuaries, USA	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Casualty Actuarial Society, USA	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Canadian Institute of Actuaries	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Actuarial Society of South Africa	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Institute of Actuaries of India	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (eg overseas body/actuarial credential)	_____
			Please specify: _____	

I hold the following degrees, honours or distinctions (please provide degree, major and university for each):



NEW ZEALAND CONDITIONS

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: [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 –

Table with 3 columns: Question, Yes, No. Contains 6 rows of questions regarding criminal records, fraud, misleading conduct, adverse determination, bankruptcy, and disciplinary procedure.

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 annually to the Reserve Bank of New Zealand and this list 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