American Society of Enrolled Acturaries (ASEA) Application for Credentialed Membership Reinstatement

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

Mr Mrs Ma Nama						
Mr./Mrs./Ms. Name: (circle one)	First	MI	Last		(former name)	
Company:	de company name, even if hor	ne address is noted below)	Company Owner's N	Jame(s):		
			I am the owner			
Citv:		State:	Zip Code:			
Home Business			p • • • • • •			
Work Phone:			Fax:			
Work Phone:				_ Home Zip Code (for government affairs purposes):		
Work Email Address:						
Personal Email Address:						
Application for: MSPA (Member, Societ JBEA Enrollment No: Which professional C ACA ASA ACAS Which position best c Accountant/Plan Audito Actuary Advisor 401(k) Advisor - 403(b) / 457	y of Enrolled Actuaries) redential(s) do you lescribes your worl	hold? EA CERA FCA	 FSPA (Fellow, Society FSEA (Fellow, Society JBEA Enrollment No: JBEA Enrollment No: 	y of Enrolled Actuaries)	ninistrator ternal)	
 Which business most Accounting Actuarial / Employee Be Bank / Savings & Loan Brokerage Computer / Software Consulting Educational Institution 	-	your place of employn Government Entity Human Resources Industry Training Insurance Agency Insurance Provider Investment Consultit Investment Provider		 Legal Mutual Fund / I Plan Sponsor Recordkeeper TPA TPA – Producin Other: 	Ig	

I understand that to be considered for FSPA / FSEA or MSPA / MSEA membership in the American Society of Enrolled Actuaries (ASEA) and the American Society of Pension Professionals & Actuaries (ASPPA) I must be an enrolled actuary in good standing with JBEA, have high ethical standards and must not be under investigation(s) or have had sanctions imposed against me by the Actuarial Board for Counseling and Discipline (ABCD). I hereby give my consent to the ASPPA 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.)

Application for Credentialed Membership

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Payment Information:

Payment Date:	Dues Payment:				
Jan. 1-Jun. 30	□ \$750 (dues through 12/31)	□ \$100 Retired or Government Employee (dues through 12/31)			
Jul. 1-Oct. 31	□ \$375 (dues through 12/31)	□ \$100 Reinstatement Fee			
Nov. 1-Dec. 31	□ \$750 (includes next year's dues)				
I am paying by	Check Money Order Master	card 🗖 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.



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