Apply Now! Questions? Call 800-308-6714

American Society of Enrolled Actuaries (ASEA) Application for Credentialed Membership All members must meet JBEA requirements. Membership in ASEA must be renewed annually to retain credentials.

Signature: __

Mr./Mrs./Ms. Name: _ (circle one)	First	MI	Last	(former name)
,		f home address is noted below)		vame(s):
		f home address is noted below)	D I am the owner	
☐ Home ☐ Busine				
Work Phone:			Fax:	
Home Phone:			Home Zip Code (for g	government affairs purposes):
Email Address:			Date of Birth:	
	ociety of Enrolled Actuarie	es)	☐ FSEA (Fellow, Socie	ty of Enrolled Actuaries)
□ ACA □ ASA □	DI CERA DI F	CAS		
Which position be □ Accountant/Plan Au □ Actuary □ Advisor — 401(k) □ Advisor — 403(b)/4 □ Attorney		Home Office (BD, RIA Institutional Trainer Recordkeeper TPA/Plan Administrato Wholesaler (External)	,	Other:
Which business m	ost closely describe	es your place of employme	ent?	
 □ Accounting □ Actuarial/Employee □ Bank/Savings & Loa □ Brokerage □ Computer/Software □ Consulting □ Educational Institution 	an	☐ Government Entity ☐ Human Resources ☐ Industry Training ☐ Insurance Agency ☐ Insurance Provider ☐ Investment Consultin ☐ Investment Provider	9	□ Legal □ Mutual Fund/DCIO □ Plan Sponsor □ Recordkeeper □ TPA □ TPA — Producing □ Other:
Society of Enrolled Act investigation(s) or have ASPPA to verify my sta	uaries (ASEA), I must be had any sanctions impo itus with the ABCD. I furt	an enrolled actuary in good star osed against me by the Actuarial	iding with the JBEA, have h Board for Counseling and I ship application/reinstateme	rofessionals & Actuaries (ASPPA) and the American nigh ethical standards and must not be under Discipline (ABCD). I hereby give my consent to ent may be rejected or put on hold if I am under
Signature:				Date:
organization?	guilty of a felony, violation explain on a separate at	<u> </u>	tions or any violation of the (code of ethics of any professional or business

Date: __

Payment Information:

ASPPA Benefits Council Members receive a \$50 discount on the first year's dues payment.

Payment Date:	Dues Payment:
Jan. 1-Jun. 30	□ \$730 (dues through 12/31) □ \$50 Retired or Government Employee (dues through 12/31)
Jul. 1-Oct. 31	□ \$365 (dues through 12/31)
Nov. 1-Dec. 31	□ \$730 (includes next year's dues)
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 accounts receivable@usaretirement.org. Dues appearing on this application are not valid after December 31, 2023. 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 2023, 10% of your dues are non-deductible in accordance with this provision.

