



Membership Application

I hereby apply for membership in the College of Pension Actuaries.

Name: _____

Please complete your current address, phone numbers, email address and Yahoo! ID

Company: _____

Street Address: _____

City/State/Zip: _____

Office Phone: _____ Fax: _____

E-mail address: _____

Yahoo! ID (if known): _____

By signing below, I certify that I am (check one):

- An active enrolled actuary certified to sign schedules B for the current enrollment period.
- An enrolled actuary carried on the records of the Joint Board as retired in good standing.

COPA annual membership dues are \$240.

Please charge my: MasterCard Visa American Express Discover

Card Number: _____ Exp. Date: _____

[Leave *Card Number* blank if paying by check]

Signature: _____ Enrollment Number: _____

If paying by credit card, please fax this membership application to **(630) 325-2660** or mail with your check for \$240.00 made payable to '*College of Pension Actuaries*' to:

College of Pension Actuaries
P.O. Box 5262
Oak Brook, IL 60523-2108

Questions?

Please feel free to email us at info@pensionactuaries.org or call us at (630) 242-5679.