

Application for Membership

Lebanese Association of Actuaries

1 - Applicant Details			
Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other, please specify <input type="checkbox"/>		
Family name			
First name			
Date of birth			
Nationality			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		
Current employment address			
Current residential address			
Which address you would like correspondence from the LAA to be sent to, when necessary?	Employment address <input type="checkbox"/>	Residential address <input type="checkbox"/>	
Off. Tel.	Mob.	Fax.	E-mail
Membership in other actuarial associations	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please mention in which Association(s) and the Status (<i>i.e.</i> student, associate, fellow, etc.)	Association: Status:		
I am applying for membership as a*	Fellow <input type="checkbox"/>	Associate <input type="checkbox"/>	Actuarial Analyst <input type="checkbox"/>
			Student <input type="checkbox"/>



*In compliance with Art. 6 of the LAA Constitution, written recommendation(s) should be enclosed with this application, such that:

- Fellow: two Letters of Recommendation: one from a Fellow member of the LAA and the second from a professional acquaintance that has worked with the applicant for at least two years
- Associate: two Letters of Recommendation; at least one from a professional acquaintance that has worked with the applicant for at least two years
- Actuarial Analyst: one letter of recommendation from either an academic or professional acquaintance that has taught or supervised the applicant for at least two year

2 - Education

Please give details of Schools, Colleges and Universities attended since the age of 14 and details of any professional qualifications achieved, with dates.

Name & Address of Institution	From	To	Qualification & Degree Attained	Subject Grade (Graduates should state whether their degrees have been awarded with honors, and, if so what class, e.g. 2nd Class Honors, Upper Division)



3 - Employment

If you are currently unemployed please tick here

Total years of experience

Company name

Position/Job title

Department

Company address

Country

From

To

Telephone number

Company name

Position/Job title

Department

Company address

Country

From

To

Telephone number

Company name

Position/Job title

Department

Company address

Country

From

To

Telephone number



4 - Notes for Applicants

1	The admission criteria can be found on the website at http://www.laa-lb.com
2	Applicants must send proof of qualifications along with their applications. You should send certified photocopies of these.
3	This form can be signed, then scanned and sent by email to info@laa-lb.com , but we retain the right to ask individuals to provide original or certified certificates at any time in the future.
4	Please read carefully the Membership Requirements document enclosed with the application form to make sure you meet the minimum requirements of the membership category you are applying for
5	Please enclose the supporting documents mentioned in the Membership Requirements document enclosed with the application form



DECLARATION TO BE SIGNED BY CANDIDATE: I hereby apply for membership at the Lebanese Association of Actuaries as a (mark only one):

Fellow Associate Actuarial Analyst Student

Date *Signed*

DECLARATION TO BE SIGNED BY REFEREES

Fellows and Associates applicants are required to have their application forms signed by three referees. Members of an applicant's own family cannot be accepted as referees. One of the referees must be a person of some standing, e.g. a university professor or lecturer, or other professionally qualified person, who has known the applicant personally for at least two years. The other two referees must be fellows or associates (depending on the membership category the applicant is applying for) of the LAA or in special circumstances fellows or associates of other IAA full member associations who know the applicant well professionally. At least one of the referees must not be from the same company as the applicant.

For Students and Actuarial Analysts applicants, only two referees are required who must be persons of some standing who have known the applicant personally for at least two years but need not be actuaries.

Referee A: I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him / her to be a fit and proper person to be a member of the Lebanese Association of Actuaries.

Signature *Date*

Name (IN BLOCK LETTERS)

Address

.....

Occupation or Status



Referee B: I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him / her to be a fit and proper person to be a member of the Lebanese Association of Actuaries.

Signature *Date*

Name (IN BLOCK LETTERS)

Address

.....

Occupation or Status

Referee C: I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a member of the Lebanese Association of Actuaries.

Signature *Date*

Name (IN BLOCK LETTERS)

Address

.....

Occupation or Status

FOR OFFICIAL USE ONLY

Committee	Council	Record Input
Admit	Admit	

