

ACTUARIAL SOCIETY OF SOUTH AFRICA

MANUAL REGISTRATION FORM

NON-MEMBERS / LIBRARY MEMBERS

Please enter your details clearly and accurately

Personal Details

Title (please circle): Miss / Mr / Mrs / Dr

[Please enter your name details as per your official ID document]

Full First Name(s): _____

Surname: _____

Date of Birth: _____

Identity Number: _____

Courier Address: _____

Email Address: _____

Employer (company name): _____

Telephone (Cell): _____

Telephone (Home): _____ **(Work):** _____

Please submit the following documents with this application form to the ASSA Member Services Department:

- Certified copy of ID Document / Passport
- Library members only: Completed enclosed Referee form to be completed by an active Fellow member of the society

Contact: memberservices@actuarialsociety.org.za

Declaration by Applicant:

I hereby undertake to inform the Actuarial Society of South Africa of any changes in these details, for the duration of my relationship with the Society.

Applicant Signature: _____ Date: _____

For Office Use Only

Applicant member number	
Date captured to SWIMS	
Signature of staff member	

Referee recommendation for LIBRARY membership to the Actuarial Society of South Africa

Please ensure that the referee you have selected completes the necessary details before submitting this form to ASSA

Applicant Details (Please PRINT in BLOCK CAPITALS using black ink)

First Names (in full)	
Surname	

Recommendation and declaration by a Fellow member of ASSA

An application for library membership must be accompanied by recommendation from an active Fellow of the Actuarial Society of South Africa

Full name of Referee	
ASSA member number	
Relationship to Applicant	
Email Address	

Declaration by Referee:

By signing this declaration, I confirm that, to the extent allowed by law, I have known the applicant for at least one year and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a LIBRARY member of the Actuarial Society of South Africa.

Signature of Referee	
Date	

Any queries can be directed to the ASSA Member Services department:

Email: memberservices@actuarialsociety.org.za

Tel: 021 509 5951