



Application for an Academic Correspondent

Enrollment as an Academic Correspondent for 2012 requires payment of \$75 U.S. funds.

Name _____
(Last) (First) (Initial)

Title _____

Academic Affiliation (University) _____

Address _____

City _____ State _____ Country _____ Zip (Postal Code) _____

Business Telephone _____ Facsimile _____

E-mail address _____

For access to protected sections of the CAS Web Site, your username and password will be emailed to you once your application has been processed.

Method of Payment:	
<input type="checkbox"/> Check/Money Order <i>Mail Form and Check to:</i> CAS P.O. Box 425 Merrifield, VA 22116-0425	<input type="checkbox"/> Credit Card (<i>Please fax or mail form to address below</i>)* Please indicate which card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx Account No.: _____ Exp. Date: _____ Cardholder's Name: _____ Billing Address: _____ _____ Signature (Required) _____

**Print and complete this page, then mail or fax to:*
Casualty Actuarial Society
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4350 N. Fairfax Drive, Suite 250
Arlington, VA 22203
Telephone: (703) 276-3100
Fax: (703)276-3108