



Application for an Academic Correspondent

Enrollment as an Academic Correspondent for 2010 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 _____

If you do not already have access to password protected sections of the CAS Web Site, please indicate your choice for user name and password here:

Username: _____ Password: _____

Method of Payment:

Check/Money Order

Mail Form and Check to:
CAS
P.O. Box 425
Merrifield, VA 22116-0425

Credit Card (*Please fax or mail form to address below*)*

Please indicate which card:

Visa MasterCard 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
Attn: Todd Rogers
4350 N. Fairfax Drive, Suite 250
Arlington, VA 22203
Telephone: (703) 276-3100
Fax: (703)276-3108