

MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCK CAPITALS) Please note incomplete forms will be returned



Personal Details

Salutation Mr/ Ms/ Mrs/
First Name
Surname
Maiden Name
Date of Birth
Gender ☐ Male ☐ Female
Home Address <i>(Note that due to HEA statutory requirements, you MUST provide your home address & Eircode details here)</i>
Eircode
Telephone
Mobile
Email Address 1*
Email Address 2*

* Please note 2 unique email addresses are required

Local Institute

As a member of the Insurance Institute you will automatically become a member of a Local Institute. This gives you access to certain member services at a regional level (e.g. CPD and social events). Please choose the Local Institute most suitable to you.

Please choose your Local Institute*

☐ Cork ☐ Dublin ☐ Galway ☐ Limerick ☐ Sligo

*If you leave this section blank you will be allocated a Local Institute on the basis of your employer address. You can change this preference at any time by accessing your record online or by contacting the Institute.

Related Professional / Awarding Body Details

Other Membership/Student Numbers:
CII
LIA
IOB
ATU Sligo

Non Insurance Institute Qualifications

Award
Year of Award
Award Details
Awarding Body

Employment Details

Employer
Job Title
Area of Work ☐ Administration/Processing ☐ Finance ☐ Loss Assessing ☐ Broking ☐ HR/Training ☐ Risk Management/Surveying ☐ Claims ☐ IT/Data ☐ Sales/Marketing ☐ Compliance ☐ Loss Adjusting ☐ Underwriting
Work Address
Eircode
Work Telephone
Address where you wish to receive exam related materials: ☐ Home ☐ Work Please note materials will be delivered 9 to 5 Monday to Friday

Payment Details

Payment Method ☐ Cash/Cheque/PO ☐ Credit/Debit Card ☐ Sponsoring employer*
Amount € (from the date of application up to December 31)
Cheque/ PO Number (Please cross your payment and make payable to 'The Insurance Institute')
Credit / Debit Card ☐ Laser ☐ Mastercard ☐ Visa ☐ Amex
Number
Name
Expiry Date / CVV (Last 3 digits on reverse of card)
Sponsoring Employer
Contact Details
PO Number (if applicable)
Tick category you are applying for ☐ Affiliate ☐ Graduate ☐ Grandfathered ☐ Student ☐ Aspiring Member

*Sponsorship will be verified with your employer by the Insurance Institute before your application is processed. Please note that we may also contact your sponsoring employer on renewal

ENTRY REQUIREMENTS

Access to Insurance Institute APA/CIP Programmes

As you may be joining the Institute in order to participate in our APA and/or CIP programmes, there are specific entry requirements which must be satisfied before you can be admitted onto the programme. Please provide the following information in order for us to assess your eligibility.

1. Are you aged 23 or above on the 1st January in the year of applying for membership?	☐ Yes	☐ No	If yes, go to Note on English Proficiency
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2. For applicants under 23 on 1st January in the year of applying for membership, please select from the following list, your highest educational qualification (as on the NFQ Ireland framework):			
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• Level 10 / Doctorate	☐ Yes	☐ No	If yes, go to Note on English Proficiency
• Level 9 / Masters	☐ Yes	☐ No	
• Level 8 / Hons Degree	☐ Yes	☐ No	
• Level 7 / Degree	☐ Yes	☐ No	
• Level 6 / Higher Certificate or Advanced Certificate	☐ Yes	☐ No	
• Level 5 / (Leaving Certificate with a pass in English and Maths) Applicants aged under 18 must contact the Institute to confirm eligibility first, prior to completing a membership application.	☐ Yes	☐ No	

External Qualifications

If your highest qualification was obtained outside Ireland, please refer to the [QQI website](#) to identify the Irish equivalent of the qualification you hold.

3. Have you worked in the Insurance Industry for a minimum of 6 months and can this be certified under the Central Bank Minimum Competency Code?	☐ Yes	☐ No	If yes, go to Note on English Proficiency
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Note: English Proficiency

Please note that all lectures, tutorials, and practical work are delivered through English and examinations are in English.

Applicants must have a sufficient level of English language competence to participate fully in the programme.

Where an applicant's English language competence cannot reasonably be established through their previous education, qualifications or working environment, additional evidence may be requested in accordance with ATU's English language requirements.

Go to
Declaration

Important Notice

If you have **NOT** been able to answer Yes to any of the three questions above, you may still be eligible to be admitted.
Please contact Member Services: memberservices@iili.ie - 01 645 6670 - to discuss

YOU MUST COMPLETE THIS DECLARATION AND SEND IT TO THE INSTITUTE BEFORE MAKING CONTACT REGARDING ELIGIBILITY or ENTRY REQUIREMENTS.

DECLARATION

I confirm that the entry requirements information I have provided above are true, complete and accurate and I am aware that I may be required to provide supporting evidence on request.

Signed: _____
Date: _____

Terms and Conditions

Please read through these Terms & Conditions before signing the declarations

Once admitted as a member of the Insurance Institute ('the Institute'), I agree to abide by its [Membership Terms & Conditions](#), [Code of Ethics & Conduct](#), and the Constitution of the relevant Local Institute of my choice or as allocated.

Local Institutes

By registering for membership of the Institute you are also registering to become a member of a Local Institute (Cork, Dublin, Galway, Limerick or Sligo), as indicated by your choice of Local Institute on the membership form or as allocated to you on the basis of your business address.

You can change this preference by accessing your record online or by contacting the Institute. You understand the importance of this preference as it is used to ensure that you receive appropriate details of services, which are available at Local Institute level.

Designation Status & CPD

I hereby agree that in the event that I hold an Insurance Institute designation that I will:

- Maintain my membership of the Insurance Institute
- Fully participate in a Continuing Professional Development (CPD) Scheme and comply with its requirements
- Ensure that I provide the Insurance Institute with my accurate and up to date contact details

I hereby agree that as a condition of my CPD membership of the Institute, it may provide information on my CPD activity to its CPD Compliance Committee (CCC) [and its Professional Standards Committee (PSC) and any Appeals Panels formed by the PSC] who oversee the administration of the CPD Scheme and ensure the upholding of professional standards and ethics throughout the industry.

Data Protection & Privacy

I understand that:

- The Insurance Institute respects the right to privacy of members.
- The information provided by me on this form and generated as a result of my membership of the Institute will be processed in line with Data Protection legislation and the Institute's [Data Protection & Privacy Policy](#).

Register of Compliant Persons

The Institute publishes a Register of Compliant Persons (as part of the Central Bank's Minimum Competency Code) in which the names of current members holding one (or more) designations and grandfathered members are listed.

I understand that I can request removal of my name from the Register at any time by contacting the Institute.

Employer Sponsorship

I hereby agree that where my employer is sponsoring my membership, the Institute may share the following information with them: confirmation of membership registration, designation status and CPD hours (if applicable).

We do this to facilitate regulated firms to comply with their obligations under the Central Bank's Minimum Competency Code 2017 ("MCC").

Please note that we do not disclose to employers any information regarding physical or mental health issues which are notified to us (e.g. for the purposes of pro rata CPD).

If requested by the Central Bank, we may disclose information to assist it for the purposes of discharging its functions under the Minimum Competency Code.

Declaration

I wish to apply for membership of the Institute. I hereby confirm that I have read, understood and accept all of the Terms and Conditions set out on this form and the Institute's [Membership Terms & Conditions](#).

Name (please print)

Signed

Date

Membership Fees 2027

Member Category	Period of Enrolment*		
	Jan-Mar:	Apr-Jul:	Aug-Dec:
Student	€145.00	€96.00	€48.00
Affiliate/ Graduate/ Grandfathered	€260.00		
Dual CII/III Associate	€275.00		
Dual CII/III Fellow	€285.00		
Dual CII/III Chartered	€295.00		
Aspiring Member	€50.00		

Aspiring Member applications should be made on the separate [Aspiring Member Application Form](#) - available on our website.

*Period of Enrolment refers to when an individual first joins The Insurance Institute as a member.

Membership Fees shown in this table are payable from the date of application and are in respect of membership up to December 31.

All Institute fees are non-transferable and non-refundable. Whilst a service registered for may be cancelled (e.g., a membership or exam application), the fee cannot be refunded or transferred once the application has been processed.

Dual CII/III Members

Dual membership of the Chartered Insurance Institute (CII) and the Insurance Institute of Ireland (III) is available to individuals holding Associateship, Fellowship or Chartered Status of the CII.

Such individuals who wish to also become a member of the III (as a dual member) may do so on the acceptance that as a consequence, there will be flows of data between both Institutes in respect of membership renewal and membership fee payment and basic member information for identification purposes.

Note that individuals seeking dual CII/III membership must ensure to not auto-renew their CII membership direct via the CII but renew instead via the CII/III dual member arrangement through the III.

This is because all financial transactions arising from dual membership will emanate from the renewal via the III unless an existing CII membership is already in place.

Please contact the III in advance of any CII membership renewal in order to discuss the dual CII/III membership options and benefits.

The following documents are available to view at [www.iii.ie](#)

- [Membership Terms & Conditions](#)
- [Code of Ethics & Conduct](#)
- [Data Protection & Privacy Policy](#)