

# Member Support Application Form



The  
Insurance  
Institute

## Contact Details

Mr/Mrs/Ms/Miss: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

Home Address: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Membership Details

Current Member (*tick accordingly*): YES  NO

*If YES please complete the following*

Membership Number: \_\_\_\_\_ Local Institute: \_\_\_\_\_

What Current Insurance Qualifications do you hold?

\_\_\_\_\_

Did your employer pay for your membership?: YES  NO

Are you registered to take exams in the current year? If so, please state exam module and date.

\_\_\_\_\_

Please list any qualifications you are currently working towards.

\_\_\_\_\_

## Reason for Member Support Request

Can you please tick the box which reflects the reason you are seeking Member support.

Unemployment  Sickness  Other reason (please give brief details)

\_\_\_\_\_

Please attach your supporting information to support this request eg Social Welfare receipt/ Social Welfare confirmation of payment approval.

Note we will destroy the attachments, once your case has been reviewed and finalised.

## Declaration

I confirm that all of the information provided on this form is correct and true.

**Signed:** \_\_\_\_\_ **Date (dd/mm/yy):** \_\_\_\_\_