

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

Telephone

Mobile

Email Address 1*

Email Address 2*

* Please note 2 unique email addresses are required

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

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

Student / UCD Student Details

Place of Birth (County; Country if outside Ireland)

Mother's Maiden Name

Institute & Related Professional Body Details

Please choose your Local Institute

Cork Dublin Galway Limerick Sligo

Other Membership Numbers:

CII

LIA

IOB

Payment Details

Payment Method Cash/Cheque/PO Credit/Debit Card Sponsored*

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)

Employer (Sponsor)

Contact Details

Po Number (if applicable)

Tick category you are applying for Student Member Standard Member

*Sponsorship will be verified by The Insurance Institute before your application is processed.

Non Insurance Institute Qualifications

Award

Year of Award

Award Details

Awarding Body

Award

Year of Award

Award Details

Awarding Body

