

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	<input type="checkbox"/> Male <input type="checkbox"/> 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	
<input type="checkbox"/> Administration/Processing	<input type="checkbox"/> Finance <input type="checkbox"/> Loss Assessing
<input type="checkbox"/> Broking	<input type="checkbox"/> HR/Training <input type="checkbox"/> Risk Management/Surveying
<input type="checkbox"/> Claims	<input type="checkbox"/> IT/Data <input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Compliance	<input type="checkbox"/> Loss Adjusting <input type="checkbox"/> Underwriting
Work Address	
Work Telephone	
Address where you wish to receive exam related materials: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Please note materials will be delivered 9 to 5 Monday to Friday	

Student Details	
Place of Birth (County; Country if outside Ireland)	
Mother's Maiden Name	

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, exam sittings, events). Please choose the Local Institute most suitable to you.	
Please choose your Local Institute*	
<input type="checkbox"/> Cork <input type="checkbox"/> Dublin <input type="checkbox"/> Galway <input type="checkbox"/> Limerick <input type="checkbox"/> 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.	

Payment Details	
Payment Method	<input type="checkbox"/> Cash/Cheque/PO <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> 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	<input type="checkbox"/> Laser <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> 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 <input type="checkbox"/> Student Member <input type="checkbox"/> Standard 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	

Related Professional Body Details	
Other Membership Numbers:	
CII	
LIA	
IOB	

Non Insurance Institute Qualifications	
Award	
Year of Award	
Award Details	
Awarding Body	

Terms and Conditions

Please read though these Terms & Conditions before signing the declarations

Once admitted as a member of The Insurance Institute ("the Institute"), I agree to abide by its Terms & Conditions, Code of Ethics & Conduct (www.iii.ie/about/code-of-ethics), Rules and Regulations, Memorandum & Articles of Association 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 Professional Standards Committee (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 Policy available at www.iii.ie/about/data-protection-and-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 & Conditions set out on this form (and at www.iii.ie/about/membership-terms-and-conditions).

Name (please print)

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Signed

Date

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Membership Fees 2018

Member Category	Period of Enrolment*			
	Qtr 1:	Qtr 2:	Qtr 3:	Qtr 4:
Student Member	€115.00	€ 86.25	€ 57.50	€ 28.75
Standard Member	€210.00	€157.50	€105.00	€ 52.50

*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.

The following documents are available to view at www.iii.ie

- Code of Ethics & Conduct
- Membership Terms & Conditions
- Data Protection & Privacy Policy
- Member Handbook (available in the Member Area)