

The Insurance Institute of Ireland Membership Application Form



Section A - Personal Details

(Please complete all fields - it is essential we have your email address as this is our main channel of contact with you)

Please give your III Membership No. if known	<input type="text"/>	Qualification Held	<input type="text"/>
Mr/Mrs/Ms	<input type="text"/>	Forename	<input type="text"/>
Surname	<input type="text"/>		
Contact Email	<input type="text"/>	Date of Birth (dd/mm/yy)	<input type="text"/>
Home Address	<input type="text"/>		
Country	<input type="text"/>		
Employer	<input type="text"/>		
Job Title	<input type="text"/>		
Work Address	<input type="text"/>		
Country	<input type="text"/>	Daytime Tel	<input type="text"/>
Alternate Email	<input type="text"/>	Mobile	<input type="text"/>
Address to be used for correspondence	<input type="checkbox"/> Home	<input type="checkbox"/> Work	

Please tick one box per category

Type of organisation	<input type="checkbox"/> Insurance company	<input type="checkbox"/> Broker / Intermediary	<input type="checkbox"/> Reinsurance company/broker	<input type="checkbox"/> Loss Adjustor
	<input type="checkbox"/> Bank/Building Society	<input type="checkbox"/> Consultancy	<input type="checkbox"/> Legal	<input type="checkbox"/> Loss Assessor
	<input type="checkbox"/> Other			
Area of work	<input type="checkbox"/> Advising clients	<input type="checkbox"/> Underwriting	<input type="checkbox"/> Finance	<input type="checkbox"/> Product selling to advisers
	<input type="checkbox"/> HR/Training	<input type="checkbox"/> Compliance	<input type="checkbox"/> Broking	<input type="checkbox"/> Claims/loss adjusting
	<input type="checkbox"/> Technical adviser	<input type="checkbox"/> Mortgages	<input type="checkbox"/> Risk Management/Surveying	<input type="checkbox"/> Other
	<input type="checkbox"/> Sales/Marketing	<input type="checkbox"/> Claims	<input type="checkbox"/> Administration/Processing	
Job category	<input type="checkbox"/> Administrative	<input type="checkbox"/> Technical	<input type="checkbox"/> Advisory	<input type="checkbox"/> Supervisory/Controller
	<input type="checkbox"/> Middle Management Branch, Office, Dept	<input type="checkbox"/> Senior Management General, Head of	<input type="checkbox"/> Executive CEO, Director	<input type="checkbox"/> Business owner
	<input type="checkbox"/> Other			

Section B - Local/regional options

You will be allocated to a local institute of your choice. Please give your preference below (see note 3).

I would like to join (where applicable):	Cork Institute; Dublin Institute; Galway Institute; Limerick Institute; Sligo Institute	
1st preference	<input type="text"/>	2nd preference <input type="text"/>



Section C - Declaration

- I shall abide by the Constitution of The Insurance Institute of Ireland, and of the Local Institute to whose membership I am likewise allocated.
- If admitted to membership, I shall abide by the Codes of Ethics and Conduct of the Institute.
- If at any time I cease to be a member of The Insurance Institute of Ireland I undertake to return any certificate of membership.

Signature

Date

Section D - Membership Subscription Fees 2010

III Membership	Discounted Fee Approved Company Scheme Credit / Laser Card Direct Debit Mandate	Non Discounted Fee Cheque, Bank Draft, Postal Order
Diploma Holders III	€185	€210
CPD Grandfathered	€185	€210
Student/Ordinary	€115	€140
Retired Members	€50	€50

Section E - Data Protection

The Insurance Institute of Ireland is committed to respecting the privacy of your personal information and complies fully with the Data Protection Act 1988 and Data Protection (Amendment) Act 2003. You can view our Data Protection & Privacy Policy on our website at www.insurance-institute.ie, or have a copy sent to you by requesting it from The Insurance Institute of Ireland, 39 Molesworth Street, Dublin 2.

Section F - Membership Subscription Payment Methods 2010

By **Direct Debit** - this will be set up annually from your Bank Account unless notified otherwise.

By **Credit Card** or **Laser Card** – please call us at +353 1 645 6601/6603

By **Cheque, Bank Draft** or **Postal Order** - please make your payment payable to The Insurance Institute of Ireland.

You can contact Member Support directly at membersupport@iii.ie or call us +353 1 645 6601/6603 today for further details.

Section G - Method of Payment

Method of Payment (Tick method of payment and, if applicable, complete the card details.)

Cash/cheque payable to The Insurance Institute of Ireland enclosed

Please debit my/our credit/debit card account with the total cost of the goods and services ordered on this form.

VISA CVN***

MASTERCARD

LASER CARD

Card Number

*Valid from

*Expiry date

Card Holder's name and address if different from above

Card holder's signature

Date



Instructions to your Bank to pay by Direct Debit

Originators Identification No.(OIN)

3 0 1 5 2 5

Please complete parts 1 to 4 of this form to instruct your Bank to make payments directly from your account **and return the form to:-**

Member Support, The Insurance Institute of Ireland, 39 Molesworth St, Dublin 2

Please state the full name & address of your bank & branch:

Bank Branch

Name of account holder:

Sort Code: - - Account Number:

Your instructions to the Bank, and your Signature:

- I instruct you to pay Direct Debits from my account at the request of The Insurance Institute of Ireland.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify The Insurance Institute of Ireland of such cancellation.

Signature

Date

The Direct Debit Guarantee

This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate. If you authorise payment by Direct Debit, then

- Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
- Your Bank will accept and pay such debits, provided that your account has sufficient available funds

If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged. You can cancel the Direct Debit Instruction in good time by writing to your Bank

FOR OFFICE USE ONLY

Originators Reference (Max 18 chars)

MEMBERSHIP FEES 2010

III Membership	<u>Discounted Fee</u> Approved Company Scheme Credit / Laser Card Direct Debit Mandate	<u>Non Discounted Fee</u> Cheque, Bank Draft, Postal Order
Diploma Holders III	€185	€210
CPD Grandfathered	€185	€210
Student/Ordinary	€115	€140
Retired Members	€50	

Joint CII - III Membership	<u>Discounted Fee</u> Approved Company Scheme Credit / Laser Card Direct Debit Mandate	<u>Non Discounted Fee</u> Cheque, Bank Draft, Postal Order
Chartered CII	€220	€245
Fellows CII	€210	€235
Associates CII	€185	€210
Diploma Holders CII	€185	€210
Retired Members CII	€50	

The admission process to Associateship is now carried out by The Insurance Institute of Ireland on behalf of the CII. Please see page 23 for further details.

