MEMBERSHIP APPLICATION FORM

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



Personal Details	Employment Details
Salutation Mr/ Ms/ Mrs/	Employer
First Name	Job Title
	Area of Work
Surname	Administration/Processing Finance Loss Assessing
Maiden Name	☐ Broking ☐ HR/Training ☐ Risk Management/Surveying ☐ Claims ☐ IT/Data ☐ Sales/Marketing
Date of Birth / /	Compliance Loss Adjusting Underwriting
Gender Male Female	Work Address
Home Address	
	Work Telephone
	Address where you wish to receive
	exam related materials: Please note materials will be delivered 9 to 5 Monday to Friday
Telephone	reactive materials in section of the materials and the materials a
Mobile	Student / UCD Student Details
Email Address 1*	Place of Birth (County; Country if outside Ireland)
Email Address 2*	Mother's Maiden Name
* Please note 2 unique email addresses are required	Wolfier's Walder Name
· · ·	
Institute & Related Professional Body Details	Payment Details
Please choose your Local Institute	Payment Method Cash/Cheque/PO Credit/Debit Card Sponsored*
Cork Dublin Galway Limerick Sligo Other Membership Numbers:	Amount € (from the date of application
CII CIII CIII CIII CIII CIII CIII CIII	Cheque/
LIA	PO Number and make payable to 'The Insurance Institute')
IOB	Credit / Debit Card
	Number
Non Insurance Institute Qualifications	Name
Award	Expiry Date / CVV (Last 3 digits on reverse of card)
Year of Award	Employer (Sponsor)
Award Details	Contact Details
Awarding Body	Contact Details
Award	Po Number (if applicable)
Year of Award	Tick category you are applying for Student Member Standard Member
Award Details	*Sponsorship will be verified by The Insurance Institute before your application is processed.
Awarding Body	

Data Protection - General Statement

The Insurance Institute respects the right to privacy of members, practitioners, students and visitors. Its activities are compliant with the Data Protections Acts 1988 and 2003. This statement sets out the ways in which personal and sensitive personal data are collected, accessed, used and disclosed.

To provide the CPD Scheme and examinations in fulfilment of its role under the MCC, The Insurance Institute collects and uses information:

- to facilitate the recording of CPD and examination records for our members
- to facilitate and supervise the accreditation process for CPD
- to facilitate the administration and maintenance of our awarded designations
- to monitor and supervise CPD and examination records
- to perform accounting and other record-keeping functions particularly in relation to membership and fees.
- to enhance or improve your experience on our website
- · to keep your information secure
- to provide you with online services

The information held in The Insurance Institute database is disclosed in the following ways:

- The names of all graduates and grandfathered individuals availing of the iiiCPD Compliance scheme are published on our Register of Compliant Persons. We disclose to regulated firms the details of qualifications obtained and CPD hours completed by their employees, together with such other information as may be necessary to enable the regulated firm to maintain a Register of Accredited Persons, as required by the MCC.
- In accordance with reasonable interest entitlements, we disclose to regulated firms the details of use of online examination supports, registration and attendance at lectures and examination results for their employees, together with such other information as may be necessary to enable the regulated firm to meet MCC requirements. If requested by the Central Bank of Ireland, we disclose such information as it may require in order to discharge its functions under the MCC.
- If your employer funds your membership and / or examination fees, it is automatically entitled to request details of your use of online exam supports, registration and attendance at tuition lectures, examination results and CPD record and we reserve the right to disclose this information.
- We do not disclose to employers or to any third parties any information regarding any physical or mental health issues that are notified to us.
- Members, students and employees are entitled to ask for a copy of all personal data held by The Insurance Institute, and to have it rectified or erased, if it is inaccurate. This does not apply to inaccuracies in such personal data provided by you which can be accessed and amended by you in the secure Member area.

You may do so by writing to:

The Secretary
The Insurance Institute of Ireland
Insurace Centre
5 Harbourmaster Place
Dublin 1
D01E7E8

Terms and Conditions - Self Declaration

I hereby accept that on registering for membership of The Insurance Institute of Ireland ("The Insurance Institute"), I am also registered to become a member of a Local Institute - as indicated by my choice of Local Institute which is indicative of the area which includes my business address.

I undertake to change this preference by accessing my record online or by contacting The Insurance Institute. I understand the importance of this preference as it is used to ensure I receive appropriate details of services which are available at local Institute level.

If elected to membership of The Insurance Institute, I shall abide by it's Code of Ethics and Conduct and the Constitution of both The Insurance Institute and the relevant Local Institute. If relevant, I shall abide by the Charter and Bye-Laws of the Chartered Insurance Institute ("The CII").

I hereby agree that to retain my membership status and in the event that I hold an Insurance Institute, or where relevant CII designation, that I must:

- Maintain my membership of The Insurance Institute/and where relevant the CII
- Fully participate in a Continuing Professional Development (CPD) programme and comply with all of its requirements
- Ensure I provide The Insurance Institute with my accurate up to date contact details

I hereby agree that as a condition of my CPD membership of The Insurance Institute and/ or the CII, The Insurance Institute may provide information on my behalf to the Professional Standards Committee (PSC) regarding my Insurance Institute CPD activity.

If at any time I cease to be a member of The Insurance Institute and/or the CII, I undertake to return any Membership certificates.

I have read, understood and accept the Terms governing use of The Insurance Institute Website and Privacy Statement. I understand that The Insurance Institute CPD & CII CPD in Ireland is administered by The Insurance Institute.

	Name	e (plea	se pri	int)										
I hereby confirm that I have read and accept all the relevant declarations on this application form.														
Signed							Da	ate [/		/		

Membership Fees 2017

Member	Enrolment*					
Category	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 for download at www.iii.ie

- · Code of Ethics & Conduct
- Customer Service Statement
- Terms Governing our Website
- Membership Terms & Conditions

The following documents are available for download at www.iii.ie/downloads

- Examination Regulations
- Exemption Policies
- Prospectus