



Society of Actuaries in Ireland

Application for Affiliate Membership of the Society of Actuaries in Ireland

Note: Please use BLOCK CAPITALS when filling in this form

Please return this application form to:

Society of Actuaries in Ireland, Clanwilliam House, Clanwilliam Place, Dublin 2

PERSONAL DETAILS

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ please specify: _____

Forename(s): _____

Surname: _____

Employers Name _____

Employers Address: _____

Telephone number: _____

Email: _____

Home Address: _____

Telephone Number: _____

Email: _____

Please indicate which address you would like your correspondence sent to: Home ☐ Office ☐



Society of Actuaries in Ireland

QUALIFICATIONS

Affiliates would normally be expected to meet one or more of the following criteria:

- have an undergraduate or Masters degree in actuarial science, financial mathematics, finance or economics
- be a member of a professional body related to one of the following areas:
 - corporate finance
 - derivatives
 - economics
 - general insurance
 - health care
 - investment
 - life insurance
 - pensions
 - personal finance
 - risk management
 - statistics
- hold a senior position in a business, professional firm or public body involved in one of the areas listed above
- be an academic working in one of the areas listed above.

Please give details of qualifications obtained, with dates, and particulars of membership of other professional organisations, with reference to the criteria above:

WEBSITE

Society of Actuaries in Ireland Website: www.actuaries.ie

Members require a username and password to access the Members' Section of the Society's website. Please state a username and a password and the Society will set up this facility for you.

Username: _____ Password: _____

Please tick this box if you **do not wish** to be included in the members' directory on the Member Only section of the Society's website ☐



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DECLARATION TO BE SIGNED BY APPLICANT

I wish to apply for Affiliate Membership of the Society of Actuaries in Ireland.

I agree as a condition of membership to be bound by the provisions of the Society's Constitution and its Code of Professional Conduct

SIGNED: _____ **DATE:** _____

DECLARATION TO BE SIGNED BY TWO FELLOWS OF THE SOCIETY

I know the applicant and to, the best of my knowledge and belief, consider him/her to be a fit and proper person to be an Affiliate of the Society of Actuaries in Ireland.

SIGNED: _____ **DATE:** _____

Name (please use BLOCK CAPITALS): _____

Address (please use BLOCK CAPITALS): _____

SIGNED: _____ **DATE:** _____

Name (please use BLOCK CAPITALS): _____

Address (please use BLOCK CAPITALS): _____



Society of Actuaries in Ireland

Fees

1. Membership subscription is payable upon application.
2. The current subscription year runs from 1 April 2017 to 31 March 2018.
3. The subscription for Affiliate membership for the current year is € 130.00

Method of Payment

Please indicate method of payment:

1. Cheque ☐ 2. Credit Card ☐ 3. Bank Transfer ☐

1. Cheques should be made payable to "The Society of Actuaries in Ireland".
2. Please complete the credit card payment advice below.
3. For members wishing to make payments directly to the Society's bank account via bank transfer, our AIB Bank details are as follows:

Account: 27005075 Sort: 93 11 52
IBAN: IE 57 AIBK 93 11 52 27005075
Allied Irish Bank's Swift address: -AIBKIE2D

If paying by this method you **must** include a copy of the remittance advice or other supporting documentation with the application.

Credit Card Payment Advice

I authorise you to debit € _____ from the following:

Card Type: Visa ☐ Mastercard ☐

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____ Security code: ____

Name of Cardholder: _____

Billing Address: _____

Cardholder signature: _____ Date: _____