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**Application for transfer of Membership type**

*Application for transfer from Student to Associate membership of the Society of Actuaries in Ireland*

**Your Qualifications** *Actuarial or other*

**Qualifications:** Click or tap here to enter text.

**Date of becoming an Associate of the Institute and Faculty of Actuaries:** Click or tap here to enter text.

**Area of Practice:** Click or tap here to enter text.

**Declarations**

[ ]  I wish to apply for transfer from Student to Associate Membership of the Society of Actuaries in Ireland.

[ ]  I hereby undertake to comply with the Code of Professional Conduct and Actuarial Standards of Practice issued by the Society of Actuaries in Ireland and with any rules or regulations applying to members of the Society of Actuaries in Ireland pursuant to its Articles of Association.

Signed: Click or tap here to enter text.

Dated: Click or tap here to enter text.