



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, Pembroke House, 28 - 32 Pembroke Street Upper, Dublin 2, D02 NT28

PERSONAL DETAILS

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

Forename(s): _____

Surname: _____

Employer's Name _____

Employer's Address: _____

Telephone number: _____

Email: _____

Home Address: _____

Telephone Number: _____

Email: _____

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

Home

Office

MEMBERSHIP CRITERIA - (Part 1 of 2)

Affiliates **must** be:

- A full member of another actuarial association which is itself a full member of the International Actuarial Association and the Society has not entered into a Mutual Recognition Agreement with that association;
- Practising in Ireland *or* providing services to an Irish entity.

Please give details of your current actuarial association:

Name of Association: _____

Class of Membership: _____

Date Membership Attained: _____

MEMBERSHIP CRITERIA – CONFIRMATIONS FROM OTHER ASSOCIATION (Part 2 of 2)

Affiliate applications **must** be accompanied with confirmation from the relevant IAA association that:

- You are a current full member of that association
- The association has not imposed any public disciplinary sanction on you and you are not currently the subject of a disciplinary investigation

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.

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 and, if applicable, the requirements in relation to the provision of Actuarial Services as defined in ASP PA-1 and ASP PA-2. I also agree to be bound by any applicable Rules and/or Regulations introduced by Council, including (but not limited to) the Rules of the Society's Disciplinary Scheme.

SIGNED: _____ DATE: _____

Data Protection Statement

It is necessary for the Society to collect and record certain personal data relating to each member for the purpose of registration. The personal data we require for processing your registration is your name, contact details, date of birth, gender, qualifications, practice area(s) and memberships of other bodies.

Personal data may also be information concerning a member arising from the carrying out by the Society of its functions having regard inter alia to the Society's Disciplinary Scheme, Practising Certificate Scheme, Code of Professional Conduct and Actuarial Standards of Practice, including such as information relating to any public disciplinary sanction imposed on you.

The personal data about a member maintained by the Society will be used by the Society for the purpose of maintaining membership records and a Membership Directory. It will be used for administrative purposes in providing member services, communicating with the membership of SAI Committees and for collecting and processing all subscription payments. It will also be used to communicate to members on SAI member services, on relevant legal and regulatory matters and on other matters that may be relevant to members.

Please note in the event subscriptions are paid on your behalf by your employer we may use your personal data in communicating with your employer in relation to the processing of payments. Other than as mentioned and as set out in our Privacy Statement, we will only disclose information about you to third parties if we are legally obliged to do so or where we need to comply with our contractual duties to you.

To process your personal data in connection with the purposes set out above, we will rely most commonly on one or more of the following legal bases:

- To perform the contract we have entered into with you;
- To comply with a legal obligation;
- For our legitimate interests.

If you object to providing data required for registration, we may be unable in some circumstances to comply with your request for membership and we will tell you about the implications of that decision.

You have the right to request a copy of any personal data about yourself that is held by the Society and have such data amended if it is incorrect incomplete or misleading, by [emailing the Society](#). Such requests will be replied to within 30 days.

If you wish to be informed of products or services by post or email that in the Society's opinion may be of interest to you, please let us know by [emailing the Society](#).

I consent to the use of my personal data as outlined above.

Fees

1. Membership subscription is payable upon application.
2. The subscription year runs from 1 April to 31 March each year.
3. The subscription for Affiliate membership for the current year can be viewed online [here](#).

Method of Payment

Please indicate method of payment:

1. Cheque 2. Credit Card 3. Bank Transfer

1. *Payment by cheque:* Cheques should be made payable to 'The Society of Actuaries in Ireland'. Keep up to date with our current address [here](#).
2. *Payment by credit card:* Please contact the Society if you would like to make payment via Visa/Mastercard by phone at 01 634 0020.
3. *Payment by bank transfer:* The Society's International Bank Account Number (IBAN) 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 bank transfer you **must** include a copy of the remittance advice or other supporting documentation with the application.

OFFICIAL USE ONLY:

Please ensure all essential criteria have been provided/confirmed by the Affiliate Applicant:

- Applicant is practising in Ireland *or* providing services to an Irish entity
- Applicant is a full member of an actuarial association which is a member of IAA and with whom we do not have an MRA
- Applicant has provided details of membership of other association
- Applicant has provided evidence of standing with other association
- Applicant has confirmed adherence to Society's Constitution, Code of Professional Conduct and applicable standards.
- Form is signed and dated