



Society of Actuaries in Ireland

APPLICATION FOR REINSTATEMENT OF MEMBERSHIP

Note: Please WRITE CLEARLY when filling in this form.

A. APPLICATION

I hereby apply to be reinstated as a Fellow / Associate / Student / Affiliate *[delete as applicable]* of the Society of Actuaries in Ireland.

SIGNED: _____ DATE: _____

B. PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other *Please specify:* _____

Forename(s): _____

Surname: _____

Employer's Name: _____

Employer's Address: _____

Telephone Number: _____ Fax number: _____

Email: _____

Home Address: _____

Telephone Number: _____ Fax number: _____

Email: _____

To which address would you like your correspondence sent? Home Office

For identification and confirmation purposes, please provide details of your previous membership of the Society of Actuaries in Ireland:

Date of becoming a Fellow / Associate / Student / Affiliate *[delete as applicable]*: _____

Date membership ceased: _____

Reason membership ceased: _____

If you are currently in actuarial employment, please state your practice area(s): _____

C. QUALIFICATIONS

Please provide details of all professional bodies of which you are or have been a member:

Name of body	_____
Category of membership	_____
Date admitted to this category	_____
Date membership ceased (<i>if applicable</i>)	_____

Name of body	_____
Category of membership	_____
Date admitted to this category	_____
Date membership ceased (<i>if applicable</i>)	_____

Please provide details of other bodies on a separate sheet, if necessary.

Other qualifications, if any: _____

D. DISCIPLINE

Has any public disciplinary sanction been imposed on you by any professional body of which you are or have been a member? Yes No

If “Yes”, please give full details on a separate sheet.

I authorise the Society of Actuaries in Ireland to request, and any professional body of which I am or have been a member to disclose, details of any public disciplinary sanction that has been imposed on me.

SIGNED: _____

DATE: _____

E. PROFESSIONALISM TRAINING

If you wish to be reinstated as a Fellow or Associate and it is more than 2 years since your previous membership of the Society ceased, please complete this section.

Please provide details of professionalism training attended, if any.

Course: _____

Date: _____ Provider: _____

F. EXPERIENCE

If you wish to be reinstated as a Fellow or Associate and it is more than 5 years since your previous membership of the Society ceased, please complete this section.

(i) Please state why you wish to re-join the Society: _____

(ii) Please attach details of all employments held since leaving the Society, including **name(s) of employer(s)**, **positions** held, the **dates** during which you held those positions, and your **responsibilities** in those positions.

The Society may decline to reinstate a Fellow or Associate if the applicant does not have recent work experience in a field that is closely related to one or more typical areas of actuarial practice. An applicant who wishes to be involved with the Society while acquiring such experience may apply for Affiliate membership.

(ii) Please provide details of any Continuing Professional Development or similar education undertaken in the last two years – whether related to actuarial or other knowledge and skills. This may include formal learning carried out with other people (e.g. attending courses, seminars and presentations) as well as personally-assessed learning (e.g. reading academic papers, carrying out research).

G. WEBSITE

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, if your application for reinstatement is accepted.

Username: _____ Password: _____

Please tick this box if you **do not wish** to be included in the members' directory on the Members' Section of the Society's website

H. UNDERTAKINGS

I hereby undertake to comply with the Code of Professional Conduct and the relevant Actuarial Standards of Practice and, if applicable, the requirements in relation to the provision of Actuarial Services as defined in ASP PA-2. I also accept 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 and with any rules or regulations applying to members of the Society of Actuaries in Ireland from time to time pursuant to its Articles of Association.

SIGNED: _____ DATE: _____

Please sign the following undertaking if you wish to be reinstated as a Fellow or Associate and it is more than 2 years since you left the Society:

I confirm that I will comply with the Society's CPD requirements, as set out in the Society's Actuarial Standard of Practice (ASP) PA-1, Continuing Professional Development.

SIGNED: _____ DATE: _____

I acknowledge that, if I have not completed a comprehensive programme of CPD activities in recent years, then, in accordance with the Principles set out in the Society's Code of Professional Conduct, I might not be in a position to give actuarial advice until I have brought my knowledge and skills up to date.

N/A

SIGNED: _____ DATE: _____

I. LETTER OF RECOMMENDATION / CHARACTER REFERENCES

If (a) you wish to be reinstated as a Fellow or Associate and it is 2 years or less since your membership of the Society ceased, or (b) you wish to be reinstated as a Student, please attach a **Letter of Recommendation from a current Fellow of the Society**.

If you wish to be reinstated as a Fellow or Associate and it is more than 2 years since your membership of the Society ceased, please attach **Character References from two Fellows of the Society, covering the whole period since your membership of the Society ceased**.

J. 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 request 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

K. FEES

1. Membership subscription is payable upon application.
2. The subscription year runs from 1 April to 31 March each year.
3. The subscription fees are listed here <https://web.actuaries.ie/subscription-fees>
4. A proportionate rate applies for applications made on or after 1st October.
5. A reduced rate is available for non-resident members, subject to certain conditions. Details are available on the Schedule of Costs here <https://web.actuaries.ie/subscription-fees>
6. If you defaulted on your subscription fee in the year in which you left the Society, you must pay the outstanding amount owed in that year, including any late payment fee applicable at the date of leaving, before re-joining the Society. The Society will invoice you for this amount, if your application for reinstatement is accepted.

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 -

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 this application.