



## 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:

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### WEBSITE

**Society of Actuaries in Ireland Website:** [www.actuaries.ie](http://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



## Society of Actuaries in Ireland

### 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 2016 to 31 March 2017.
3. The subscription for Affiliate membership for the current year is € 128.00

### 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: \_\_\_\_\_