



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 (if applicable)	_____

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

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 Actuarial Standards of Practice issued from time to time by the Society of Actuaries in Ireland 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 acknowledge that I have not met the Continuing Professional Development (CPD) obligations applicable to a Fellow or Associate of the Society for a considerable period and, in accordance with the obligation under the Society's Code of Professional Conduct not to carry out work unless competent in the relevant matters, I undertake not to give actuarial advice unless and until I complete appropriate CPD in the relevant area of practice.

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. 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 Fellow membership for the current year is € 895.
4. The subscription for Associate membership for the current year is €550.
5. The subscription for Student or Affiliate membership for the current year is €128.
6. A proportionate rate applies for applications made on or after 1st October.
7. A reduced rate is available for non-resident members, subject to certain conditions. Details are available on request (info@actuaries.ie).
8. 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”.
2. *Payment by credit card:* Please complete the credit card payment advice below.
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.

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: _____