

Membership Application Form



Please send your completed form to secretariat@irla-international.com

We hereby apply to become a Member of the Insurance & Reinsurance Legacy Association Limited.

Company Name:

Telephone Number:

Website Address:

Company Address:

Membership category: (please tick) Full Member Associate / Overseas Member Sole Trader Young Professional

Full Member (unlimited number of employees); Associate / Overseas Member (for companies with 9 or less staff based in the UK, or all companies based entirely overseas); Sole Trader (for sole traders / individual consultants); Young Professional (for those with less than 5 years' experience in the (re)insurance legacy sector). Please visit the IRLA website 'Membership Categories' for full details.

Company category: (please tick) Run-off Consolidator Re/Insurance Company Service Provider

How did you hear about IRLA?

Reason for joining:

Main Contact Name:

Position:

Email Address:

Telephone:

Mobile:

Accounts Payable Contact:

Human Resources Contact:

Contact Name:

Email Address:

Full & Associate Members ONLY

Please list your named members (unlimited names for Full Members, maximum of 9 for Associate Members). These can be attached on a separate page if preferred.

Name:	Telephone:	YPG: <small>(please tick if appropriate)</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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Full Members ONLY

If appropriate, please list legacy companies you act on behalf of. These can be attached on a separate page if preferred.

Signed by (enter name if submitting electronically)

Date: