

Association Membership Form 2016

Please complete this form and send back to us at secretariat@irla-international.com for us to action your application.

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

Company Name:

Company Address:

Type of membership – (please tick as appropriate)

Sole Trader Young Professional
(students, trainees & those with less than 5 yrs within the industry).

If you are Sole Trader or Young Professional please complete the yellow areas below

Full Member or Associated Member
Voting member (including overseas, or those companies with 9 or less staff)

If you are Full Member or Associate Member please complete the blue areas overleaf

What are you? Broker Re/insurance company Run-off consolidator Service provider

Contact Details:

Full Name: Position:

Tel no.: Mobile: Email:

Please list below at least one additional contact but as many extra ones as you wish who will then be added to the non members database and receive regular information from IRLA (this is applicable for Sole Trader and Young Professional members only).

Name: <input type="text"/>	Email: <input type="text"/>
Name: <input type="text"/>	Email: <input type="text"/>
Name: <input type="text"/>	Email: <input type="text"/>
Name: <input type="text"/>	Email: <input type="text"/>
Name: <input type="text"/>	Email: <input type="text"/>

Please give your reason for joining as this feedback is most helpful to us:

Full or Associate Membership Form 2016

If you are applying to become a Full or Associate Member* please complete the blue areas below, only these names will have access to membership benefits. *Associate Membership applies to all overseas based companies.

Main Contact Details:

Contact person's name:		Position of contact:
Tel no.:	Mobile:	Email:

Please list below your additional contacts (Associate Members maximum of 9 / Full Members unlimited) who will then be added to the members database and receive regular information from IRLA. Please use an additional sheet if necessary;

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

What are you? Broker Re/insurance company Run-off consolidator Service provider

If joining as a Full Member please list the legacy companies you act on behalf of (continued over):

Please give your reason for joining as this feedback is most helpful to us:

Affiliated Association Membership Form 2016

You have been proposed for the category of an Affiliated Association company and the following names will be allowed certain identified member benefits

Main Contact Details:

Contact person's name:		Position of contact:
Tel no.:	Mobile:	Email:

Please list below your additional contacts which can be unlimited, these will be added to the members database and receive regular information from IRLA. Please use an additional sheet if necessary;

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

What type of representative organisation are you? (e.g. brokers)

Please give your reason for joining as this feedback is most helpful to us:
