

# Membership Application Form



Please send your completed form to [secretariat@irla-international.com](mailto: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  Legal Advisor

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. All named members will receive and have access to the free and discounted benefits of membership and will be subscribed to IRLA's e-news. We recommend that all are subscribed to the e-news to achieve the best from the membership.

Name:	Email:	YPG: <small>(please tick if appropriate)</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**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:**

**Please complete, sign and date at the end of the page and scan to Secretariat to confirm your agreement. Membership can only be approved once a Representative/Main Contact is established.**

I,  agree to be the Representative, for   
during our IRLA membership and I agree:

1. As my employer's representative, I have the authority to provide contact details for our named members.
2. I understand that wholesale changes to our named members can be made once per membership year, unless named member(s) have left or have taken employment at the firm.
3. In order to comply with GDPR, I agree that I will email Secretariat to request any changes to named members (new or current) and that the named members will be copied into the emails.
4. I acknowledge that I am responsible for ensuring that requests are made to the correct department and authorisation of all payments to IRLA are made in a timely manner.
5. I agree to be responsible for cascading information within my firm with regards to IRLA events and news.
6. I agree to be responsible for ensuring HR/Training have named members and that staff are aware they must be cc'd on any training booking.
7. I agree to be responsible for sending IRLA up to date information with regards to my firm including:
  - name, address or other status change of the firm
  - changes that may affect my firm's member advert on the IRLA website
  - companies for whom we are managing their liabilities
  - named members who are or cease to be eligible for young professional membership
8. Where a limited number of staff from our member firm are eligible to register for an IRLA event, and that number is exceeded, I will make the decision as to who should attend from those registered.
9. I will ensure that our IT system is aware to whitelist IRLA's domain to allow receipt of emails, e-shots and newsletters.
10. I understand that I may appoint a named member from my firm in certain circumstances to act as my Alternate. To do this I will email Secretariat to authorise this request and copy the Alternate on the same email.
11. I understand that only Full Members have a right to vote at any Special or General Meetings.
12. I am aware that I, or any named member of my firm, may be eligible to join an IRLA committee or can be nominated to stand for the board of directors as and when vacancies become available.

**Signed by** (enter name if submitting electronically)

**Date:**