

# 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.

Full legal company name:

Telephone number:  Website address:

Company address:

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

**Full Member (unlimited number of employees); Associate / Overseas Member (for companies with 9 or less staff all based in the UK, or all based overseas (not mixed); Sole Trader (individual consultants). Please visit the IRLA website 'Membership Categories' for full details.**

Membership 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:

## Young Professional Ambassador

Main Contact Name:

Position:

Email Address:

Telephone:

Accounts Payable Contact:

Human Resources Contact:

Contact Name:

Email Address:

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 in order to maximise their membership.

**Full Members ONLY**

If appropriate, please list legacy companies you act on behalf of. With unlimited names for Full Members these can be attached on a separate page.

**Associate/Overseas Members ONLY**

Please list your named members, maximum of 9 for one country ONLY.

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"/>
<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"/>

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

Date:

Please sign and date at the end of the page to acknowledge our Terms and Conditions and scan to Secretariat. Membership can only be approved once a Representative/Main Contact is established and a completed form is received by us.

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

1. As my employer's representative, I have the authority to provide and remove contact details for our named members.
2. Any employee who is able to join the Young Professionals Group will be indicated in this form
3. I understand that wholesale changes to our named members can be made once per membership year, unless named member(s) have left or new staff have taken employment at the firm.
4. 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 unless they have left.
5. I acknowledge that I am responsible for ensuring that requests are sent to the correct department and authorisation of all payments to IRLA are made in a timely manner.
6. I agree to be responsible for cascading information within my firm with regards to IRLA events and news.
7. 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.
8. 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 (if applicable)
  - companies for whom we are managing their liabilities
  - named members who are or cease to be eligible for Young Professional membership
9. 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.
10. I will ensure that our IT managers are aware to whitelist IRLA's domain to allow receipt of emails, e-shots and newsletters.
11. I understand and agree that in certain circumstances the Young Professional Ambassador will be able to act as my Alternate. To do this I will email Secretariat to authorise this request and copy the Alternate on the same email.
12. I understand that only Full Members have a right to vote at any Special or General Meetings.
13. 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: