

# 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.  
We note that all membership applications are subject to Board approval.

Full legal company name:

Telephone number:  Website address:

Company address:

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

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

Market Sector: *(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:

## Young Professionals Ambassador

Main Contact name:

Position:

Email address:

Telephone/Mobile:

	Accounts Payable contact:	Human Resources/Training contact:
Contact name:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>



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 Main Contact is established and a completed form is received by us.

I  agree to be the main contact, for

during our IRLA membership and acknowledge:

1. As my employer's main contact, I have the authority to provide and remove contact details for our named members.
2. 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.
3. That wholesale changes to our named members can be made once per membership year, otherwise I will update named member(s) as staff leave or join us.
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 the company.
5. 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 am responsible for ensuring HR/Training have named members and that staff are aware they must be cc'd on any training booking.
7. I am 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 membership of IRLA
  - companies for whom we are managing their liabilities
8. I am responsible for cascading information within my firm with regards to IRLA events and news.
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. That our IT managers are made aware to whitelist the following – irla-international.com, mailchimp.com, quickbooks@notification.intuit.com to allow receipt of emails, e-shots and invoices.
11. I acknowledge that only the main contact of Full Members has a right to vote at any Special or General Meetings.

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

Date: