



Association of Pension Lawyers in Ireland

(the "APLI")

Membership Application Form

Part A (please type or write in BLOCK CAPITALS below)

I (name).....

of (name of employer/firm).....

(address).....

.....

.....

.....

(email address).....

I **CONFIRM** as follows (delete 1, 2 or 3 below as appropriate):-

1. Full Membership of the APLI

I am a *(delete (a) or (b) as appropriate to indicate your professional qualification):-

(a) solicitor or (b) barrister*

working wholly or mainly in Ireland whose work is of an administrative, advisory, executive or supervisory nature relating to or involving the establishment, administration, variation or termination of arrangements for pension or any other employee benefits or related matters, or involves the law and practice applicable and responsibilities of persons involved in or connected with any of the foregoing;

and I hereby apply for admission as a **Member of the APLI**.

OR 2. Associate Membership of the APLI

2.1 I am a *(delete (a) or (b) as appropriate to indicate your professional qualification):-

(a) solicitor or (b) barrister*

who meets the requirements for membership outlined in 1 above but for the fact that I carry on my work outside Ireland;

and I hereby apply for admission as an **Associate Member of the APLI**,

OR

2.2 I am not a solicitor or a barrister and my work and experience in pensions which I consider to be relevant is as follows:-

.....

.....

.....

and I hereby apply for admission as an **Associate Member of the APLI**.

I have made an electronic funds transfer (**EFT**) to The Association of Pension Lawyers in Ireland in the sum of *(in the case of application as a full Member)* €120.00 or *(in the case of application as an Associate Member)* €80.00 and I agree to abide by the rules and regulations of the Association. I have no objection to my membership details being held on a word processor system and used for the purposes of receiving information from the Council of the APLI.

Signed: Date:
(signature)

Part B (please type or write in block capitals below)

We (names) (1) (2)
of (firms & addresses)
.....
.....
.....
(email addresses)
.....

CONFIRM that we are/have been colleagues at work of the above named applicant and that the information set out in this application is correct.

Signed: Signed
(signature) (signature)

Date: Date:

(The two additional signatories need **not** be members or eligible for membership of the Association).

Note:

Completed Membership Application Forms along with confirmation of EFT should be sent to Clementine Farrell, Hon. Secretary, Association of Pension Lawyers in Ireland, c/o McCann FitzGerald, Riverside One, Sir John Rogerson's Quay, Dublin 2.

The APLI's bank details are:

Bank: Permanent TSB, 12/13 Lower O'Connell Street, Dublin 1

BIC: IPBSIE2D

IBAN: IE13 IPBS 9906 0100 5289 61

When paying by EFT, please ask whoever is arranging payment to identify the payor as we still receive unidentified payments. Please include your name as the reference.