

THE ASSOCIATION OF PENSION LAWYERS IN IRELAND

(the "Association")

Membership Application Form

Part A *(please type or write in block capitals below)*

I *(name)*.....

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

(address).....

.....

.....

.....

(email address).....

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

1. I am a:-

(a) barrister or (b) solicitor*

**(delete (a) or (b) as appropriate to indicate your professional qualification)*

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 Full Member of the Association.

OR 2. I am a:-

(a) barrister or (b) solicitor*

**(delete (a) or (b) as appropriate to indicate your professional qualification)*

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 Association.

OR 3. I am not a barrister or a solicitor 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 Association.

I enclose a cheque made payable 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.

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 Applicant and that the information stated 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 together with an enclosed cheque should be sent to Catherine Austin, Secretary, Association of Pension Lawyers in Ireland, c/o Arthur Cox, Earlsfort Centre, Earlsfort Terrace, Dublin 2.