

ASSOCIATION OF PERSONAL INSOLVENCY PRACTITIONERS

APPLICATION FOR MEMBERSHIP

1 January 2024 - 31 December 2024

Dear Colleague,

The Association of Personal Insolvency Practitioners (APIP) is an association of Personal Insolvency Practitioners whose members consist of practitioners authorised by the Insolvency Service of Ireland. Every **authorised** Personal Insolvency Practitioner is entitled to apply to APIP to be admitted as a member.

APIP is formed as a company limited by guarantee. By applying for membership, you agree to abide by the company constitution and rules of the organisation. This is a voluntary association of members. It does not have regulatory powers and duties. APIP has recognition from the ISI and other representative groups since inception. In particular, the committee of APIP have met with the ISI both in a group forum with other interested representative groups and individually with the ISI. This is an important point in the representative platform of APIP.

Membership of APIP is subject to the rules and regulations of the association and is also subject to an annual membership fee. Because APIP is an association of Personal Insolvency Practitioners, it is primarily concerned with issues affecting its members and the profession as a whole.

APIP will not give personal insolvency advice or opinion and is primarily concerned therefore with keeping its members apprised of new developments and representing the interests of its members. The Association promotes active networking between members and run Continuing Professional Development events during the year to support the development of members skills and knowledge.

The membership fee is €300 per member.

For new memberships please complete the form below in full and return it together with payment by Cheque/Bank Draft/Postal Order OR by Bank Transfer for €300 to the Secretary at the address below or by bank (details on attached Membership Form).

For existing members, you may renew online through the website, or by completing and returning the form below with payment.

APPLICATION FOR MEMBERSHIP APIP
1 January 2024 - 31 December 2024

PLEASE TICK: RENEWAL () NEW MEMBER ()

PLEASE COMPLETE IN FULL – BLOCK CAPITALS:

PRACTITIONERS NAME	
COMPANY NAME	
COMPANY ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	
ISI AUTHORISATION NUMBER (Complete Number)	
DATE OF APPLICATION	

PAYMENT METHOD:

Enclosed (*circle as appropriate) CHEQUE/BANK DRAFT/POSTAL ORDER/BANK TRANSFER for €300.00 for new membership

I acknowledge that membership of APIP is subject to the rules and regulations of the association:

Signed:

APIP Membership Fee €300.00

PLEASE TICK: Payment Made Via:

Bank Transfer () Cheque () Bank Draft () Postal Order () - DATE: _____

IMPORTANT:

Please ensure that you send this Application form to:

Claire Kelly, MDS, Lower Eyre Street, Newbridge, Co Kildare W12EP63

Bank Details:

IBAN IE77 AIBK 9363 8393 5800 68

BIC AIBKIE2D

IMPORTANT ** PLEASE QUOTE YOUR NAME and PIP NUMBER AS REFERENCE WHEN PAYING BY BANK TRANSFER

Please quote your PIP Number and MEM when paying by cheque/bank draft/postal order - cheque's can be made out to APIP.