



Irish Association of Corporate Treasurers

To Apply

To apply for membership to the Irish Association of Corporate Treasurers, please complete and sign this form and return it by fax or post to:

Irish Association of Corporate Treasurers
PO Box 10104
Lucan
County Dublin
Ireland
Fax: 01 621 3494

Alternatively, an image (e.g. pdf file) of the completed, signed form may be e-mailed to the Association at info@treasurers.ie

Designatory Letters

Members of the Association may use the following abbreviated distinctive letters to indicate the relevant class of membership:

- Ordinary Member - MIACT
- Honorary Member - Hon. MIACT
- Fellow - FIACT

Rules for Membership

The Association currently offers membership to those involved in treasury activity in Ireland in the following categories:

- Ordinary Member
- Honorary Member
- Fellow

Membership is granted in accordance with the terms of the *Memorandum and Articles of Association* of the Association and criteria determined by the Committee of the Association from time to time, on the basis of information submitted in relation to the applicant. Although specific requirements are set for membership, the Committee may waive some requirements if they determine that the applicant would make a significant contribution to the Association.

The Committee is entitled to approve for Ordinary Membership persons who have an established reputation as Corporate Treasurers or an expertise in a field considered by the Committee to be relevant to Corporate Treasury and who have produced evidence to the satisfaction of the Committee that they are competent and worthy to be admitted as Ordinary Members. Ordinary Membership carries all rights of members including attendance and voting at general meetings. See further the *Memorandum and Articles of Association* of the Association in this regard.

Those persons, not being under 18 years of age, who are accepted as students on the Graduate Certificate Programme will be admitted as Student Members.

The Committee may also admit:

- as Honorary Members those who, by reason of their special services to the Association or by virtue of their distinguished position in connection with corporate treasury, merit, in the opinion of the Committee, such recognition; and
- as Fellows those, not being under thirty years of age, who have an established reputation as corporate treasurers or an expertise in a field considered by the Committee to be relevant to corporate treasury and have produced evidence to the satisfaction of the Committee that they are competent and worthy to be admitted as Fellows.

Fellows have voting rights. Honorary Members and Student Members do not have voting rights. See further the *Memorandum and Articles of Association* of the Association in this regarding the rights and obligations of Fellows, Honorary Members and Student Members.

Personal Details

Name and Designatory Letters *(if any)*: _____

Date of Birth: ____ / ____ / ____

Email: _____

(Home) Address: _____

(Home) Phone: _____

(Home) Fax: _____

(Business) Address: _____

(Business) Phone: _____

(Business) Fax: _____

Company Details

Current Employer: _____

Finance Staff Numbers: _____

Main Operating Currencies: _____

Financial Information:

	1-5 Million	6-15 Million	16-50 Million	50+ Million
<i>Total Assets</i>				
<i>Average Debt</i>				
<i>Average Cash Balances</i>				
<i>Annual FX Exposure</i>				

Appointment

Job Title: _____ Date Appointed: ____ / ____ / ____

Name and Title of Person
to Whom Responsible: _____

Other Business Related Appointments: _____

Current Duties

Brief details of current duties and responsibilities, including delegated authority:

Proposers for Membership

I have known the applicant for ____ years and I am of the opinion that he/she is a worthy candidate for membership of the Irish Association of Corporate Treasurers.

Signature of Proposer: _____ Date ____ / ____ / ____

Name (*Block Capitals*): _____

Status (*Member IACT/Employer*): _____

Business Address: _____

Signature of Proposer: _____ Date ____ / ____ / ____

Name (*Block Capitals*): _____

Status (*Member IACT/Employer*): _____

Business Address: _____

**Date Elected to
IACT Membership:** ____ / ____ / ____

(* N.B. Either the proposer or the seconder must be an IACT member. If you have difficulty in identifying a proposer or seconder, please contact the Association.)