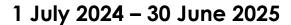
# **Membership Renewal Form**





## Part A – Personal Information

First name:		Surname:		
Personal Mobile:		Personal Email Address:		
Residential Address:				
( <b>Note:</b> Your postal ac	ddress is not acceptable as	s a residential address.)		
Postal Address:(If different to your re	sidential address. Do not ir	nclude your work postal address here.)		
Membership ca		ned in the FCAN Membership Policy	<i>'</i>	
Student	Associate	Accredited Affiliate		
	nembers – if you're upgrading acial counselling agency as a I	to Associate you need to provide a copy of Financial Counsellor.	f your Diploma an	d proof of
Part B – Emplo	oyment Informatio	on		
Name of Current Em	nployer:			
Your Position Title: _				
Work Address:	ess is not acceptable as a v			
Students employe these details:	ed as Financial Couns	ellors, Associate and Accredited	d Members c	omplete
Work Phone no.: (	)	Work Email:		
Current employmer	nt status as a Financial Cc	ounsellor: Employed Vo	lunteer	
How many hours do	you work or volunteer ed	ach week as a Financial Counsellor (a	average/wk) ?	
Agency Manager n	ame:	Agency Manager phon	e:	
Agency Manager e	mail address:			
Which organisation	s fund your position:			
- working 20 hou	equirements for NSW Findures or more per week – 2	<b>ancial Counsellors:</b> 20 hours Supervision per membership 0 hours Supervision per membership		
2024-2025 Supervisor	r's Name:			
Frequency of superv	ision:	Length of each session:	Hours	Minutes
Additional Superviso	r (if you have more than 1	Supervisor) Supervisor's Name:		
Frequency of superv	ision:	Length of each session:	Hours	Minutes

Financial Counsellors' Association of NSW Inc. ABN 71 720 817 858 Telephone: 1300 914 408 Email: <a href="mailto:admin@fcan.org.au">admin@fcan.org.au</a> Mail: FCAN, Suite 602, 267 Castlereagh Street, Sydney NSW 2000

#### **Membership Renewal Form**



### Part D – Supervision and CPD record

All Accredited and Associate members attach your Record of Supervision and CPD record with this Form. Students working as Financial Counsellors undertaking Supervision and CPD attach your Record of Supervision and CPD record with this Form.

#### Part E – Declaration

In completing this Form I confirm that:

- The information that has been provided on this form, and on any attachments to it, is complete and correct in every detail
- I have accessed and read the FCAN Membership Policy, FCAN Supervision Policy and Guidelines and the National Professional Supervision Policy
- I have read the Code of Ethical Practice for Financial Counsellors and agree to uphold them
- I have read the FCAN Constitution and agree to be bound by the conditions of the Constitution
- I am aware that I must advise FCAN immediately of a change in circumstances relating to any information I have provided in or with this application
- I understand that FCAN may, at times, need to discuss my membership with my service/agency management
- I understand that my membership certificate will not be processed until all parts of this form are completed and lodged with FCAN and payment has been processed
- I **give permission** for my name to appear on the FCAN member listing on FCAN's website in the Member Only Access section [Strike this sentence out if you don't give permission]

		Date <u>:                                    </u>	
art F - Fees and payment	options:		
Annual Fees (including 10%GST)			
Accredited, Associate and Student F (20) hours or more per week	\$220.00		
Accredited, Associate and Student F twenty (20) hours per week	\$110.00		
Accredited, Associate and Student F	\$ 55.00		
Student - Diploma students not curre	\$ 55.00		
Affiliate	\$220.00		
BSB: 082 057 ACCOUNT NUMBER: 24 666 1087 Please quote your FCAN Membership N  Credit Card: Provide details be	,	,	
CARDHOLDER NAME			
CARD NUMBER			
EXPIRY DATE	CVV	1	
SIGNATURE OF CARDHOLDER CONTACT NUMBER of cardholder			
EMAIL ADDRESS FOR RECEIPT			
EMAIL ADDRESS FOR RECEIFT			

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