

Affiliate Member Application Form



1 July 2024 – 30 June 2025

Part A – Personal Information

First name: _____ Surname: _____

Date of Birth: ____ / ____ / ____ Mobile Phone no.: _____

Personal Email Address: _____

Residential Address: _____
(**Note:** Your postal address is not acceptable as a residential address.)

Postal Address: _____
(If different to your residential address. Do not include your work postal address here.)

Do you identify as Aboriginal or Torres Strait Islander? please tick: Yes No

Do you speak a language other than English? If yes, please specify: _____

All Applications: When lodging this Form all applications must be accompanied by a current CV/resume

Part B – Employment Information

Name of Current Employer: _____

Your Position Title: _____

Work Address: _____
(**Note:** a Postal address is not acceptable as a work address.)

Work Phone no.: () _____ Work Email: _____

Part C - FCAN Membership Eligibility

<i>Circle all applicable in the relevant columns to indicate your eligibility for membership.</i>	Eligibility
1. I am employed or volunteer in a related role in the financial counselling sector	Yes
2. I am employed by an organisation which is a credit provider or holds a credit licence	*Yes No
3. I am employed by an organisation that charges fees to clients for financial counselling or debt advice	*Yes No
4. Have you: Ever been convicted of a criminal offence, or subject to regulatory action by a federal or state government body including ASIC or ACCC?	*Yes No

* If you answer YES to questions 2, 3 or 4 you must provide further details to FCAN for the FCAN Board to consider when assessing your application.

Part D – Declaration

In completing this Application for membership I confirm that:

- The information that has been provided on this form, and the attachments to it, is complete and correct in every detail
- I have accessed and read the FCAN Membership Policy
- I understand that I am required to renew my membership on July 1 each year
- 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 provide with this application
- I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership
- I understand that this application and my FCAN membership number and certificate will not be processed until all relevant parts of this form are complete, all additional information is provided and payment has been processed

Signed: _____ Date: _____

Part F - Fees and payment options:

Annual Fees (including 10%GST)	
Affiliate	\$220.00
Financial Capability Worker employed twenty (20) hours or more per week	\$220.00
Financial Capability Worker employed less than twenty (20) hours per week	\$110.00
Volunteer Affiliate or Financial Capability Worker	\$ 55.00

NOTE: Payment of the prescribed fee is not confirmation that your application is approved.

Please tick your preferred Payment Option:

EFT: Please make EFT payment to the following account:

ACCOUNT NAME: Financial Counsellors' Association of NSW Inc.
 BSB: 082 057
 ACCOUNT NUMBER: 24 666 1087
 Please quote your surname when making payment

Credit Card: Please fill in details below. We can only accept Visa and Mastercard.

CARDHOLDER NAME			
CARD NUMBER			
EXPIRY DATE		CVV	
SIGNATURE OF CARDHOLDER			
CONTACT NUMBER of cardholder			
EMAIL ADDRESS FOR RECEIPT			

Please Invoice our Agency: email address for invoice _____

OR I will provide payment upon confirmation that my application has been accepted

Email: admin@fcan.org.au

Mail: FCAN, Suite 602, 267 Castlereagh Street, Sydney NSW 2000