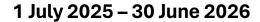
Membership Renewal Form





Part A – Personal Information

First name:	Surname:		
Personal Mobile:	Personal Email Address:		
Residential Address: (Note: Your postal address is not acce	ptable as a residential address.)		
Postal Address:			
(If different to your residential address.	Do not include your work postal address he	ere.)	
Membership category: *Refer to the Membership Categories as outl	ined in the FCAN Membership Policy		
Student Associate	Accredited Affiliate		
Part B – Employment Informa	ation		
Name of Current Employer:			
Your Position Title:			
Work Address: (Note: a Postal address is not acceptable as a v			
Work Phone no.: ()	Work Email:		
Current employment status as a Financia		Volunteer	
How many hours do you work or volunt	teer each week as a Financial Counsellor (a	verage/wk) ?	
Agency Manager name:	Agency Manager phon	e:	
Agency Manager email address:			
Which organisation/s fund your positio	n:		
Part C - Supervision			
FCAN Supervision requirements for N - working 20 hours or more per week –	ISW Financial Counsellors: 20 hours Supervision per membership year -10 hours Supervision per membership year		
	Length of each session:		Minutes
Additional Supervisor (if you have mo	ore than 1 Supervisor) Supervisor's Name:		
Frequency of supervision:	Length of each session:	Hours	Minutes

Financial Counsellors' Association of NSW Inc. ABN 71 720 817 858 Telephone: 1300 914 408 Email: admin@fcan.org.au 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.
- * All 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 and lodging this Renewal Form I confirm that:

- The information I have provided is complete and correct in every detail
- I understand the FCAN Membership and Supervision requirements and have accessed and read the FCAN Membership Policy, the FCAN Supervision Policy & Guidelines and the National Professional Supervision 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 a) that I provide with this renewal form and/or b) that may impact my eligibility for membership.
- I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership.
- I understand that my renewal and certificate will not be processed until all relevant parts of this renewal have been completed and are correct, any additional information requested is provided and payment has been processed.

Signed:	Date:		
Part F - Fees and payment optic	ons:		
Annual Fees (including 10%GST)			
Accredited, Associate and Student Financial Counsellor employed twenty (20) hours or more per week			
Accredited, Associate and Student Financial Counsellor employed less than twenty (20) hours per week		\$121.00	
Accredited, Associate and Student Financial Counsellor volunteer			
Student - Diploma students not currently employed as a Financial Counsellor or Financial Capability Worker			
Affiliate		\$242.00	
BSB: 082 057 ACCOUNT NUMBER: 24 666 1087 Please quote your FCAN Membership Number at Credit Card: Provide details below.	llors' Association of NSW Inc.		
CARDHOLDER NAME			
CARD NUMBER			
EXPIRY DATE	CVV		
SIGNATURE OF CARDHOLDER			
CONTACT NUMBER of cardholder			
EMAIL ADDRESS FOR RECEIPT			
Please Invoice our Agency: email a	ddress for invoice	_	

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