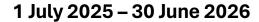
# Membership Renewal Form





## Part A - Personal Information

First name:		Surname:						
Personal Mobile:	Personal E							
Residential Address:	:							
( <b>Note:</b> Your postal a	ddress is not acceptable as a reside	ential address.)						
Postal Address:								
	esidential address. Do not include y		 ə.)					
			,					
Membership cate	<b>-</b>							
*Refer to the Membersh	nip Categories as outlined in the FCAN M	1embership Policy						
Student	Associate Accre	dited Affiliate						
	_							
Part B – Employ	ment Information							
Name of Current Em	ployer							
Name of Current Em	ptoyer.							
Your Position Title:								
_								
Work Address:								
( <b>Note:</b> a Postal address i	s not acceptable as a work address.)							
Work Phone no.: (	)Wo	ork Email:						
Current employment	t status as a Financial Counsellor:	Employed V	olunteer					
Curront omptoymon			otalite of					
How many hours do you work or volunteer each week as a Financial Counsellor (average/wk)?								
Agency Manager nar	ne:	Agency Manager phone:						
Agency Manager em	ail address:							
Agency Manager em	ait audi 655							
Which organisation/s	s fund your position:							
· ·								
Part C - Supervi	ision							
<b>FCAN Supervision re</b>	equirements for NSW Financial Co	ounsellors:						
	or more per week – 20 hours Supervisi							
- working less than	20 hours per week–10 hours Supervisi	on per membership year						
2025-2026 Supervi	sor's Name:							
Frequency of supervi	ision:Len	gth of each session:	Hours	Minutes				
Additional Supervis	or (if you have more than 1 Superv	visor) Supervisor's Name:						
Frequency of supervi	ision.	oth of each session:	Houre	Minutes				

### **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 option	ns:			
Annual Fees (including 10%GST)				
Accredited, Associate and Student Financial (	Counsellor employed twenty (20) hours or more per week			\$242.00
Accredited, Associate and Student Financial (	ounsellor employed less than twenty (20) hours per week			\$121.00
Accredited, Associate and Student Financial Counsellor volunteer				\$ 55.00
Student - Diploma students not currently emp	oloyed as a Financi	loyed as a Financial Counsellor or Financial Capability Worker		
Affiliate				\$242.00
ACCOUNT NAME: Financial Counselle BSB: 082 057 ACCOUNT NUMBER: 24 666 1087 Please quote your FCAN Membership Number and Credit Card: Provide details below. W	l your surname wher	n making payment	card.	
CARDHOLDER NAME				
CARD NUMBER				
CARD TYPE	VISA	M	MASTERCARD	
EXPIRY DATE		CVV		
SIGNATURE OF CARDHOLDER				
CONTACT NUMBER of cardholder				
EMAIL ADDRESS FOR RECEIPT				

Please Invoice our Agency: email address for invoice \_