

# Affiliate Member Application Form



**1 July 2026 – 30 June 2027**

## Part A – Personal Information

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Year 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 from your residential address. Do not include your work postal address here.)

**Do you identify as Aboriginal or Torres Strait Islander?** please circle: 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>Answer all questions to indicate your eligibility for membership.</i>	<b>Eligibility</b>	<b>Not Eligible</b>
1. I am employed or volunteer in a related role in the financial counselling sector	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I am employed by an organisation which is a credit provider or holds a credit licence	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3. I am employed by an organisation that charges fees to clients for financial counselling or debt advice	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4. <b>*Have you:</b> Ever been convicted of a criminal offence, or subject to regulatory action by a federal or state government body including ASIC or ACCC?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

\* If you answer YES to question 4 you must provide further details to FCAN for the FCAN Board to consider when assessing your application.

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## 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	\$242.00
Financial Capability Worker employed twenty (20) hours or more per week	\$242.00
Financial Capability Worker employed less than twenty (20) hours per week	\$121.00
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.

<b>CARDHOLDER NAME</b>			
<b>CARD NUMBER</b>			
<b>CARD TYPE</b>	<b>VISA</b>	<b>MASTERCARD</b>	
<b>EXPIRY DATE</b>		<b>CVV</b>	
<b>SIGNATURE OF CARDHOLDER</b>			
<b>CONTACT NUMBER of cardholder</b>			
<b>EMAIL ADDRESS FOR RECEIPT</b>			

**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](mailto:admin@fcan.org.au)

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