

## 2020 FCAQ APPLICATION FOR RENEWAL OF AFFILIATE MEMBERSHIP

To assist the processing of this application for membership please note the following:

1. This form is for individuals, or organisations, seeking a renewal Affiliate Membership of FCAQ.
2. The completed membership application form should be emailed to **fcaqmembership@gmail.com** with the following in the subject title "<surname or organisation name> affiliate membership". Forms sent other than by email will not be accepted.

3. Affiliate Membership would be appropriate for a broad range of individuals and organisations such as: organisations employing FCAQ members, Financial Literacy Educators, Financial Capability Workers, NILS and Emergency Relief providers providing financial literacy education, student/volunteers offering free services, retired Financial Counsellors, Financial Counsellors between employment positions, training providers, Financial Counselling Associations and related sector stakeholders.

4. When renewing your Affiliate Membership:

1. letter must be attached to this application if you have changed your employer:
  - (a). demonstrated fundamental link between the applicant and FCAQ and its members; and
  - (b). that their membership would be of benefit to FCAQ and its members.

2. A Member Declaration must be signed.

If the applicant is an individual employed by, or volunteering in, a Queensland non-profit community service organisation that provides financial counselling, capability and resilience services, please also confirm that those services are free of charge.

5. Assessment Process:

If you are approved for membership, you will receive: calendar year fee, which is payable within 14 days of notification.

If you are not approved, you will be advised in writing that:

- Your membership application has been declined, together with the reason; or
- Your membership application has been declined pending receipt of further information and the resubmission of the completed application form.

6. When your membership application is approved by the FCAQ Management Committee you will be notified regarding payment of your membership fee which is currently \$55 per calendar year. Please note if you are upgrading your membership to Associate or Accredited levels during the membership

- A notice in writing of membership acceptance, and
- A tax invoice for the full calendar year and you have paid your Affiliate membership fee, you will need to pay another \$55 totalling \$110. All memberships are due for renewal on 1st January each year.

7. Renewing memberships commences when your payment is received and receipted by FCAQ.

► Please note: no fees are to be paid to FCAQ until you have been advised that all membership requirements have been met and a tax invoice has been provided.

For the 2020 Membership year, I am applying for membership as a: **AFFILIATE MEMBER**

Name	
Date of Birth	
Mailing address for FCAQ business Post Code	
Email address for FCAQ business	
Phone number for FCAQ business	

Organisation/Employer name:	
Organisation/Employer phone:	
Organisation /Employer address	
Agency Manager's name and email address:	
Organisation Type: For profit / not for profit / Government	
Your current position title/s	
Date commenced in this role	

For organisational applicants:

Name of contact person	
Name of Organisation	
Mailing address for FCAQ business	
Email address for FCAQ business	
Phone number for FCAQ business	
Organisation type	<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Government
Are you a related sector Stakeholder?	
Are you an employer of FCAQ members?	
Are you a Financial Counselling Service / Organisation?	

**For Affiliate Membership applicants that have changed their employer:**

Have you attached a letter with this application including the information set out in Paragraph 4 of the guidance notes above?

Yes     No - please contact the membership secretary as you may not meet membership requirements

Are these services free of charge?  Yes     No

## FCAQ MEMBER DECLARATION (ALL MEMBERS)

I \_\_\_\_\_ in making this application for membership of the Financial Counsellors' Association of Queensland, acknowledge and agree to the following:

1. The information that has been provided on this form, and on any attachments to it, is complete and correct in every detail.
2. I have accessed and read the National Standards and the Code of Ethics for Financial Counsellors and agree to uphold them.
3. I am aware that I must advise FCAQ immediately of a change in circumstances relating to any information I have provided in or with this application.
4. I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership and I understand that FCAQ may, at times, need to discuss my membership with my employer/agency management.
5. I understand that my membership certificate will not be processed until all parts of this form are completed and lodged with FCAQ and payment has been processed.
6. Meeting the Supervision requirements and Supervision policies of FCAQ. In particular, where there is a change in my Supervisor, I will inform FCAQ by email within 30 days of that change.
7. Meeting the Continuing Professional Development requirements and CPD policies of FCAQ.
8. I have met and agree to meet in the future the Constitution, By-Laws, Codes of Conduct and Policies & Procedures of FCAQ.
9. I will provide proof of my adherence to the above when required.
10. I understand that the Association has agreed to the national standard Disciplinary Process - Policy and Procedures and that these govern how the Association assesses, handles and responds to complaints about Members. Accordingly, I am bound by the Disciplinary Process - Policy and Procedures. Financial Counsellors Association Queensland secretary@fcaq.com.au PO Box 946 Bungalow 4870 ABN: 15 695 450 735
11. Where a complaint is made about me, I consent to the Association and any investigator appointed by the Association: (a). asking my employer, former employer, a client or former client, a co-worker or anyone else for relevant information and to the extent necessary to do so disclosing information to them about the complaint about me; and (b). obtaining any of my personal information from my employer, a former employer, a client or former client, a co-worker or anyone else, in each case to the extent that the personal information appears to be relevant to the matters the subject of the complaint.
12. I confirm that this Membership Application may be provided to anybody by way of evidence that I have consented to the Association asking for and obtaining information about me for the purposes of handling a complaint about me.
13. I acknowledge that if my membership of the Association is suspended or terminated, the Association may through Financial Counselling Australia make that information available to the financial counselling associations in other States and Territories of Australia.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_