

2023 FCAQ APPLICATION FOR AGENCY AFFILIATE MEMBERSHIP

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

1. This form is for organisations seeking Agency Affiliate Membership with FCAQ.
2. The completed membership application form should be emailed to membership@fcaq.org.au, with the following in the subject title, "<surname and organisation name> agency affiliate membership". FCAQ will only accept forms that are sent by email to above email address.
3. Agency Affiliate Membership would be appropriate for a broad range of organisations such as: Organisations employing financial literacy educators, financial capability workers, NILS workers, and emergency relief providers providing financial literacy education, and related sector stakeholders.
4. When applying for Agency Affiliate Membership for the first time:
 - (a) A letter or email correspondence must be attached to this application demonstrating a fundamental link between the applicant and FCAQ and its members; and that their membership would be of benefit to FCAQ and its members.
 - (b) A member declaration must be signed by each nominated individual.
 - (c) If the agency is 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 an invoice for the calendar year fee, which is payable within 14 days of notification.

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

 - (a) Your membership application has been declined, together with the reason; or
 - (b) 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 agency membership fee which is currently \$275 per calendar year, for up to five (5) nominated individuals.
7. Membership 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 2023 Membership year, we are applying for **Agency Affiliate Membership** and nominate the following individuals: (up to 5)

1. Name & Position Title	
Email address:	
2. Name & Position Title	
Email address:	
3. Name & Position Title	
Email address:	
4. Name & Position Title	
Email address:	
5. Name & Position Title	
Email address:	

For organisational applicants:

Name of contact person:	
Name of Organisation:	
Mailing address:	
Email address:	
Phone number:	
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 all Agency Affiliate Membership applicants:

Have you attached a letter or email correspondence 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

Individual Applicant Declaration (Each nominated individual must complete this declaration)

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. Read the FCAQ Membership Policy Version 1, and the Australian Financial Counselling Code of Ethical Practice and agree to uphold them.
3. A member must advise FCAQ immediately of a change in circumstances relating to any information I have provided in or with this application.
4. No objection to any relevant person(s) being contacted to assist in determining my eligibility for membership and understand that FCAQ may, at times, need to discuss my membership with my employer or RTO.
5. A membership certificate will not be processed until all parts of this form are completed and lodged with FCAQ and payment has been processed.
6. Have met and agree to meet in the future the Constitution, By-Laws, Codes of Conduct and Policies & Procedures of FCAQ.
7. Will provide proof of my adherence to the above when required.
8. 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, members are bound by the Disciplinary Process - Policy and Procedures.
9. Where a complaint is made about a member, the member consents 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; and
 - (b) obtaining any personal information from the current 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.
10. The Membership Application may be provided to anybody by way of evidence consented by the member to the Association, asking for and obtaining information about me for the purposes of handling a complaint.
11. If 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.

Applicants Full Name: _____

Applicants Signature: _____

Date of Signature: _____