



Financial Counsellors Association Queensland
fcaqsecretary1@gmail.com
ABN: 15 695 450 735

PO Box 34, Palmwoods, Qld 4555

2019 FCAQ APPLICATION FOR AFFILIATE MEMBERSHIP

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

1. This form is for individuals, or organisations, seeking new Affiliate Membership, or renewing 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> affiliatemembership". 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, NLS 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 applying for Affiliate Membership for the first time, a letter must be attached to this application demonstrating:
 - a. a fundamental link between the applicant and FCAQ and its members;
and
 - b. that their membership would be of benefit to FCAQ and its members.

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.



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5. Assessment Process:

If you are approved for membership, you will receive:

- A notice in writing of membership acceptance, and
- A tax invoice for the full 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 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. New 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.*



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For organisational applicants:

Name of contact person			
Name of Organisation			
Mailing address for FCAQ business			Post Code
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 all new Affiliate Membership applicants

Have you attached a letter with this application including the information set out in Paragraph 4 of the guidance notes above?	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>please contact the membership secretary as you may not meet membership requirements</i>
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Are these services free of charge? Yes No



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Applicant's (or Representative of Organisation's) Declaration

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

1. Have met and agree to meet in the future the Constitution, By-Laws, Codes of Conduct and Policies of FCAQ.
2. Will provide proof of my adherence to the above when required.
3. 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*.
4. 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.
5. 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.
6. 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: _____