FINANCIAL COUNSELLORS ASSOC OF QLD

YEAR ENDED 31st December _____

TAX INVOICE FOR MEMBERSHIP APPLICATION

ABN 15 695 450 735

PO Box 271, Fortitude Valley Q 4006

Applicant Name:	Wk ph:
Applicant Organisation:	Mobile:
Applicant Address:	
	Postcode:
Email Address (essential):	

Please complete the membership box you wish to apply for.
Note ALL memberships expire at the end of the calendar year.

ORDINARY MEMBERSHIP

Employer(s) in Prior Yr:

Name	Describe Organisation Type	Position Description

Are you employed in the finance industry?	Yes/No
Do you charge a fee for service?	Yes/No
Does your current job include financial counselling?	Yes/No
If not a current FC, have you worked as a FC in the past year?	Yes/No/NA
Name of your current Accredited Financial Counsellor Supervisor?	
If no FC work this yr, have you had FC training in the past year?	Yes/No/NA

Fee for Ordinary Membership NO GST **$50**

ACCREDITED MEMBERSHIP

Employer(s) in Prior Yr:

Employer Name	Describe Organisation Type	Position Description

Are you employed in the finance industry?	Yes/No
Do you charge a fee for service?	Yes/No
Does your current job include financial counselling?	Yes/No
If not a current FC, have you worked as a FC in the past year?	Yes/No/NA
If no FC work this year, have you had FC training in the past yr?	Yes/No/NA

Professional Development in Prior Year	**PD Hours**
Have you done 40 hrs Prof Devt in the prior yr ended 31/12/20___?	Yes/No
It is your responsibility to keep records.	

Fee for Accredited Membership NO GST **$70**

EXTRA INFO REQUIRED FOR NEW ACCREDITATION APPLICANTS

Financial Counselling related Qualifications:

Qualification	Institution	Yr completed

Please attach a photocopy of each qualification. Must be from Registered Training Organisations.

If yr qualification is older than 3yrs, have you been working/studying in the field? Yes/No

Initial Supervision by an accredited FCAQ financial counsellor (min 12mths):

Name of Supervisor	Organisation & State	Period of Superv.n

ORGANISATION MEMBERSHIP

Credit providers, and those who represent the interests of credit providers, are not eligible for FCAQ organisation membership (per clause 8(5) of FCAQ Rules of Assoc).

Is your organisation a non-profit organisation?	Yes/No
Do you charge a fee for the financial counselling service?	Yes/No

Fee for Organisation Membership NO GST **$60**

Total Payable NoGST (attach cheque or postal order) **$**

If renewing, payment is due by 31st December of the prior year.

Signature of Applicant:

_____ Date: ____/____/____

FCAQ will post you a receipt.

For Internal Office Use Only

Membership Number

Date of Application

Signed? Yes/No

Receipt No

Ordinary Mship Admission

Eligible Organisation? Yes/No
Free FC Service? Yes/No
Acc FC Supervisor? Yes/No
Current FC or training? Yes/No

Approved By (two execs):

Date	Name	Signature

All Accredited Members Admission

Eligible Organisation? Yes/No
Free FC Service? Yes/No
Current FC or training? Yes/No
Prior Yr Prof Devt? Yes/No

Approved By (two execs):

Date	Name	Signature

Extra Info for new Accreditations

Suitable Qualifications? Yes/No
Initial Acc. Supervision? Yes/No

Approved By (two execs):

Date	Name	Signature

Organisation Membership Admission

Not for Profit Org? Yes/No
Eligible Organisation? Yes/No

Approved By (two execs):

Date	Name	Signature

	Initial & Date
Approved Mgt Com'ee	
Receipt sent to Member	
Added to Member roll	
Added to Email List	