

APPLICATION TO JOIN THE FPA

AFFILIATE MEMBER



(This is a non-voting category for individuals not authorised to provide financial advice)

SECTION 1: APPLICATION DETAILS

NEW APPLICANT

☐ I wish to become an Allied Professional member

☐ I wish to become a Retired member

☐ I wish to become an Academic member

EXISTING APPLICANT Current Member ID:

☐ I would like to change to the Allied Professional category

☐ I would like to change to the Retired category

☐ I would like to change to the Academic category

SECTION 2: PERSONAL DETAILS

Title:	DOB:	Home phone:
First name:		Mobile:
Middle name:		Email (primary):
Surname:		Email (secondary):
Previous name (if any):		Preferred name:

SECTION 3: ADDRESS DETAILS

Business address:
Suburb: State: Postcode:
Mailing address:
Suburb: State: Postcode:

SECTION 4: WORK DETAILS (if applicable)

Company: _____ Job title: _____

AFSL name (if applicable): _____ AFSL number: _____

SECTION 5: UNIVERSITY DETAILS (if applicable)

University: Faculty/School:

SECTION 5: YOUR ROLE

Please tick the option which best describes your status:

<input type="checkbox"/> Compliance Officer	<input type="checkbox"/> Licensee Representative	<input type="checkbox"/> Journalist	<input type="checkbox"/> Teacher
<input type="checkbox"/> Accountant	<input type="checkbox"/> Lawyer	<input type="checkbox"/> IT Support Staff	<input type="checkbox"/> Academic (lecturer/teacher)
<input type="checkbox"/> Admin Assistant	<input type="checkbox"/> Careers Officer	<input type="checkbox"/> School Manager	<input type="checkbox"/> Industry Engagement Coord.
<input type="checkbox"/> Awards/Sponsorship Manager	<input type="checkbox"/> Other (please give details):		

SECTION 6: MORE ABOUT YOU

Please tell us your reason/s for joining the FPA?

- | | |
|------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Enrolment into the CFP® Certification Program | <input type="checkbox"/> CPD opportunities |
| <input type="checkbox"/> Company requirement | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Meet FPA Professional Practice requirements | <input type="checkbox"/> Staying informed |
| <input type="checkbox"/> Research grants | <input type="checkbox"/> Student resources |
| <input type="checkbox"/> Event discounts | |
| <input type="checkbox"/> Other (please give details): | |

Are you planning to enrol in the CFP® Certification Program? ☐ Yes ☐ No

If yes, when are you planning to enrol?

Where did you hear about the FPA?

- | | |
|-------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Colleagues | <input type="checkbox"/> Licensee |
| <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Other (please give details): | |

Do you hold any other professional memberships? ☐ Yes ☐ No

If yes, which ones?

- | | |
|---|---|
| • | • |
| • | • |

- | | |
|-------------------------------------------------------------------------|-------------------|
| <input type="checkbox"/> I hold an Authorised Representative status | Since (DD/MM/YY): |
| <input type="checkbox"/> I do not hold Authorised Representative Status | |

Are you registered with the Tax Practitioners Board (TPB)?

- ☐ Yes I am a Tax Agent. TPB registration number: _____
- ☐ Yes I am a Tax (financial) Adviser. TPB registration number: _____
- ☐ No I am not registered

I have the following qualifications:

Institution	Qualification	Year Completed

SECTION 7: DECLARATION

- ☐ I hereby declare that the statements made in this application are complete and true at the time of applying for Allied Professional, Retired Affiliation or Academic Affiliation. I am not aware of anything which will make ineligible for, or would preclude me from becoming an Allied Professional or Retired member of the FPA.
- In completing this current year's affiliate subscription renewal and paying the applicable affiliate subscription fee, I acknowledge and agree that:
- ☐ My affiliation with the FPA is at the FPA's discretion and my affiliation may be revoked at any time without notice.
- ☐ I have read and consent to the terms of the FPA's Statement of Privacy available at www.fpa.com.au/privacy.
- ☐ I consent to the FPA disclosing the fact that I hold affiliation to the FPA to any person (whether upon request or by publication) notwithstanding that such information may comprise personal information or sensitive information within the meaning of those terms under the Privacy Act 1988 (Cth) as amended.
- ☐ I declare:
- I remain a fit and proper person to hold FPA affiliation in that:
- I have never been refused membership or expelled from membership of a statutory, professional or other body in any professional capacity;
 - I have never been the subject of disciplinary proceedings within any other professional body or FPA;
 - I have never been the subject of a hearing to determine whether a disciplinary order to ban me from practising should be made under the Corporations Act 2001 (Cth) or pursuant to any other State or Commonwealth legislation;
 - I have not been the subject of a successful claim in relation to professional indemnity insurance;
 - I have never been refused professional indemnity insurance cover;
 - I have never been dismissed by any Australian Financial Services Licensee because of misconduct or breach of the law;
 - My ability to act as an authorised representative of an Australian Financial Services Licensee has never been withdrawn, or restricted because of misconduct or breach of the law;
 - I have never had a business-related license, registration or membership revoked, varied, restricted, denied or suspended;
 - I have never been in receipt of a Notice from ASIC pursuant to sections 19, 30 or 33 of the Australian Securities and Investments Commission Act 2001 (Cth) (ASIC Act) and the notice relates to an investigation into my conduct;
 - I have never given a written undertaking to the Australian Securities and Investments Commission pursuant to section 93AA of the ASIC Act;
 - I have never breached an undertaking referred to in the preceding paragraph;
 - I have never becomes an Insolvent under Administration;
 - I have never been the director of a body corporate, that became an Externally Administered Body Corporate;
 - I have not been found guilty of any breach of the law punishable by imprisonment;
 - A defendant or respondent in any criminal, civil or regulatory proceeding or investigation, which includes but is not limited to, any lawsuit arbitration, conciliation or mediation, relating to my professional business, or personal conduct.
 - I have not been dismissed as a Representative or had my authorisation as an Authorised Representative revoked by an Australian Financial Services licensee for any act or omission in breach of the FPA Code, or for any conduct which could amount to a breach of the FPA Code;
 - I have not been the subject of any adverse findings by my employer relating to misconduct;
 - I have disclosed to the FPA all Notifiable Events that have occurred during my membership to date; and
 - I will disclose to the FPA any future Notifiable Events within 7 days of its occurrence.

The Member and Affiliate Regulation (2017) and these Terms and Conditions may be accessed on the FPA website. If you cannot access the Member and Affiliate Regulation (2017) or any of the links in this document, or would like to discuss any other aspect of the Terms and Conditions then please contact FPA Member Services on 1300 337 301 or email fpa@fpa.com.au.

Your signature:

Date:

SECTION 8: PAYMENT DETAILS

Allied Professional fees: \$495 (GST inclusive) per annum

Retired fees: \$95 (GST inclusive) per annum

Academic fees: \$95 (GST inclusive) per annum

Please charge my credit card ☐ Allied Professional \$495 ☐ Retired \$95 ☐ Academic \$95

Card type: ☐ Mastercard ☐ Visa

Expiry:

CCV/CVC:

Card number:

Cardholder's name:

Cardholder's signature:

Date:

SECTION 9: PRIVACY STATEMENT

The FPA is committed to ensure the personal information of all members are collected, used, handled, stored and disclosed in compliance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

The FPA's Privacy Statement (also referred to as Privacy Policy) (available online at www.fpa.com.au/privacy, or upon request) outlines the way in which the FPA will comply with the obligations under the Privacy Act, including an outline on the kind of personal information that will be collected and held, how personal information is collected and held, the purpose of the collection of personal information, how an individual can access personal information and the way in which the FPA will store and disclose personal information.

In the course of FPA activities, the FPA collects and holds personal information. Please be aware that the main purposes for collecting that personal information include those set out in FPA's Privacy Statement. Please ensure that you read this Privacy Statement prior to completing this form.

Please send your completed application with supporting evidence to:

Financial Planning Association, GPO Box 4285, Sydney NSW 2001 or email membership@fpa.com.au