



PAYMENT DETAILS

The \$75 pre-admission fee is waived for FPA Professional Practice and Professional Partner representatives.
 (Please note, prices include GST for Tax Invoice ABN 62 054 174 453)

FPA Professional Practice/Partner name (if applicable):

- I hereby authorise the FPA to debit my credit card for \$75
- Please waive the \$75 fee as I am a representative of an FPA Professional Practice or an FPA Professional Partner

Card type: Mastercard Visa American Express

Card number: CCV: Expiry date:

Cardholder's name:

Cardholder's signature: Date:

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 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.

DECLARATION

I acknowledge that I have read and understood the FPA Privacy Statement/Privacy, as amended from time to time. I acknowledge that in the course of the FPA's activities, the FPA will collect, hold, store, use and disclose my personal information, both within Australia and overseas, in accordance with and for the purposes outlined in the FPA Privacy Policy, and I consent to this collection, holding, storage, use and disclosure contained in this Pre-Admission Form, and during the term of my membership.

I hereby declare that the statements made in this application are complete and true at the time of applying for pre-admission to the CFP Certification Program.

Your signature: Date:

CHECKLIST Please ensure that you have completed the pre-enrolment form and attached all relevant certified documentation.

- Complete the form. (If applicable please provide your FPA member ID)
- Scan the form and your certified copies of academic transcripts, evidence of experience and email to us.
- Complete and sign the payment section.