

Tax Invoice

Keep a COPY of this document as it will be a Tax Invoice when you make payment

SAFCA ABN: 54 509 915 636 (Not registered for G.S.T.)

CONTINUING MEMBERSHIP 2011 - 2012 CURRENT FULL MEMBERS & ASSOCIATE MEMBERS ONLY (MEMBERSHIP WILL BE FOR THE FINANCIAL YEAR)

Please complete the details below in black pen and block letters

Return this form and your cheque to SAFCA Membership Officer GPO BOX 334 GREENOCK 5360 SA

Or type in the form and email to denesew@bigpond.com

Payment by cheque, money order or EFT (see details below) PLEASE NO CASH.

Name		
Postal Address		
Suburb/City/Town		Postcode
Street Address (if different to postal address)		
		Postcode
Name of Workplace/Agency (if not applicable please write N/A)		
Business hours phone	Direct line	Mobile
Fax	After hours phone	
Email:		
If you do not have an email address please supply a fax number.		

**FEES SCHEDULE FOR 2011 - 2012 PLEASE PAY BY 20th August
 RENEWALS RECEIVED AFTER THIS DATE WILL INCUR A \$10 LATE FEE.**

Annual Membership Fee for EMPLOYED Full Members **\$65.00** and Associate Members: **\$55**
 Annual Membership Fee for VOLUNTEER Full Members **\$40.00** and Associate Members: **\$30**

If your membership fee is unpaid as at Sept 30th 2012 it will be deemed to have lapsed.

AMOUNT PAID:

DATE:

PAYMENT TYPE (Please circle)

Cheque

Money Order

EFT

EFT DETAILS: CPS Credit Union -Adelaide
 BSB: 805 022
 Account Number: 2232 4419
 Account Name: S.A. Financial Counsellors Assoc. Inc.

Please include your name in the transaction details

Contact SAFCA Secretary: secretary@safca.info with any queries

Continuing Full Members

Members are reminded of the requirement for on-going professional development.
Please complete the following details that give indication of your professional development.

1. I declare that I work free from conflict of interest and commercial benefit and that I am committed to the interests of the consumer.

Signed _____ Date _____

2. I have undertaken _____ financial/rural counselling cases. Casework must be free of charge. (Approximately 50 new or ongoing cases) NB Exclude cases where the primary reason for seeking assistance has been for Emergency Financial relief.

3. I have completed _____ hours of professional development including: List areas you have engaged in (Reading, Networking, Training, Community Education, Other)

4. I have been active within the profession as a member of the following committees (AFCCRA Council, SAFCA Executives, SAFCA committees, SAFCA representative on consultative bodies, other professionally related activities)

Continuing Associate Members

Category under which you wish to apply for ongoing associate membership: (Tick One)

A person who has worked as a financial counsellor or budget counsellor for payment or voluntarily in a community organisation but who is not currently working in that capacity,

A person who has worked in a community organisation and demonstrated involvement and interest in the field of social welfare/human services or consumer legal issues for at least three of the five years prior to application.

A person studying a Diploma in Community Services (Financial Counselling) in a program with a Registered Training Organisation.

A person who works in a paid or voluntary capacity for a Financial Counselling Agency as described above and who has not completed all the requirements for membership.

Office Use Only

DATE MEMBERSHIP ELIGIBILITY APPROVED: