



JOIN THE FPA AS A STUDENT MEMBER



The Financial Planning Association of Australia (FPA) is the leading professional body for the financial planning profession, and represents approximately 12,000 individuals and businesses. Whether you're starting out, or considering a career change, the FPA will provide you with resources, information, support and professional development throughout your career.

Joining the FPA as a Student member shows employers that you're keen and committed to a great career in financial planning. To become a student member you will need to be a full time student studying a finance, commerce or business course.

Student membership also opens the doors to valuable resources that'll build up your knowledge and experience, and provides direct exposure to the real world of financial planning. Student membership costs \$25 per financial year – what a great investment.

FPA Student members receive:

- **Access to a range of information and resources** – that are invaluable to your study and work, available in the exclusive members section of the FPA website
- **Discounts** – to various FPA events and the annual FPA National Conference
- **Subscription publications** – such as CEO e-news and Financial Planning magazine
- **Access to FPA Young Planner events** – tailored for students and young planners
- **Networking opportunities** – with other students, organisations and financial planners
- **Access to the FPA student website www.iplan2.com.au** – where you can network with other students all over Australia and become part of the FPA student community.

Membership Terms and Conditions

I acknowledge that by becoming an FPA member I have agreed to abide by the Terms and Conditions of this application, the FPA Constitution, the Regulations and to follow the Code of Ethics, Rules of Professional Conduct and Practice Standards and any amendments which may be made from time to time. More details of the information below can be viewed at www.fpa.asn.au

Eligibility

I confirm I am eligible to become a member of the FPA in accordance with the Eligibility Regulation and understand that my membership may be immediately cancelled if it is found that after being granted membership I do not meet the eligibility criteria. Any application for membership or renewal may be refused by the FPA in its absolute discretion. Applicants whose application has been rejected by the FPA have 30 days, from the date the notice of rejection is issued, to lodge an appeal to the Board.

Member's responsibilities

I confirm that I have read the FPA Constitution, the Regulations, the Code of Ethics, Rules of Professional Conduct and Practice Standards and understand my obligations. I agree to abide by the spirit of the above documents and will participate openly in any proceedings or investigations undertaken by the FPA and that I will provide information to the FPA as required. I understand that my failure to satisfy these conditions is a material breach of my membership and that consequently my membership may be immediately cancelled. I authorise the FPA and its duly appointed officers to inspect client files and associated documents for the purposes of any proceedings, investigation, audit, this application or any other reasonable purpose of the FPA. I authorise the investigation of all statements contained in this application and release all parties from liability or claims for damages with respect to furnishing such information.

Financial Planning Association of Australia Ltd. ABN 62 054 174 453.

Member Freecall 1300 337 301

1. PERSONAL DETAILS

Title / prefix:	Preferred name:	
Surname:	Given names:	
Mailing address:		
Suburb:	State:	Postcode:
Business phone: []	Mobile:	
Home phone: []	Fax: []	
Email:	Date of birth: / /	

2. EDUCATION

Name of institution:	Name of course:
Anticipated year of completion:	Any other relevant information:

3. EVIDENCE

Please send documentation to support your application such as a copy of your transcripts or your student ID card.

4. MY PERSONAL DECLARATION

I declare that I meet the eligibility requirements of the FPA for the appropriate designation, and declare the following statements to be true and correct:

In the past 10 years I have been: (please tick)

Yes No

- Refused an ASIC Dealers Licence or Australian Financial Services Licence or had one varied, suspended or revoked
- Convicted of an offence in relation to dishonesty, misappropriation or fraud
- Convicted of an offence for which the maximum penalty is imprisonment for a term exceeding six months
- A defendant or respondent in a regulatory agency or self-regulatory organisation proceeding or the subject of a regulatory or self-regulatory organisation inquiry or investigation
- A Director of a company which has gone into voluntary liquidation, or to which a Receiver, a Provisional Liquidator, a Liquidator, a Scheme manager or an Official manager has been appointed while I was a Director
- An undischarged bankrupt or ever declared bankrupt
- A defendant or respondent in a civil action, which includes but is not limited to, any lawsuit, arbitration, conciliation or mediation, relating to my professional, business, or personal conduct
- The subject of a claim in relation to professional indemnity insurance or any complaint made to an external complaints resolution scheme
- Refused professional indemnity insurance cover
- The subject of disciplinary proceedings or investigations by any professional body or association
- Engaged in unethical conduct prejudicial to the interests of the FPA
- Dismissed or had a proper authority / Authorised Representative or life insurance agency withdrawn on ethical or legal grounds.

If answering yes, to any of these questions, please attach a note outlining the circumstances of the matter.

5. PAYMENT DETAILS

Attach cheque / money order or complete credit card details. Fees are based on a 12 month financial year. Fees are GST inclusive.

Please charge my credit card for: \$25 per year

MasterCard Visa Diners Amex

Name on card: _____

Card number: | | |

Expiry date: _____

Signature of cardholder: _____

Date: / /

6. WHAT PROMPTED YOU TO BECOME A MEMBER?

- Local FPA Chapter
- FPA staff member
- FPA Chapter event
- FPA National Conference
- FPA member
- Work colleague
- AFS licensee prompt
- Advertising/publicity (ie. magazines, newspapers, etc.)
- FPA website
- University/school
- iplan2.com.au
- Other

E

7. DECLARATION

I agree to be bound by the Membership Terms and Conditions of the FPA (refer to opposite page). I hereby declare that the statements made in this application and attachments are complete and true at the time of applying for FPA membership. I am not aware of anything which will make me ineligible for, or would preclude me from membership. I consent to the collection, use and disclosure of any information contained in the application form and during the term of membership (if approved) in accordance with and for the purposes outlined in the FPA Privacy Statement available at www.fpa.asn.au

Your signature: _____ Date: / /

Please post your application to FPA, GPO Box 4285, Sydney, NSW 2001 or fax to 02 9220 4580.