



## Adolescent and Family Counsellors Association NSW

ABN: 70 181 066 303

### AFCA NEW Membership Application and Renewal Form

To be eligible for **Full Membership** of AFCA you are:

a) Employed as a Counsellor, for adolescents and their families, whether funded by the Department of Family and Community Services or other funding body, AND sufficiently qualified in Counselling or similar discipline.

*Full Members are eligible to vote and hold office, receive AFCA correspondence, attend AFCA annual general meetings.*

Or, as an **Associate Member**

a) Employed under similar job descriptions, without having yet attained full qualifications for the role.  
(eg, student)

All members receive discounted training rates, may attend and present at AFCA Conferences and Workshops and may utilise the advocacy of the association (eg. for pursuing further qualifications).

Membership also provides a members service listing on the AFCA website & participation in regional AFC meetings.

**Membership fees:** (These fees are non-refundable).

Membership fees are due on the 1<sup>st</sup> July each year. The fees must be paid before 30<sup>th</sup> September for members to be financial.

The membership fees are payable as follows:

- \$65.00 per person for full member
- \$50.00 per person for associate members

NOTE: All NEW membership applications, are conditional, subject to acceptance by the AFCA Executive Committee.

Name: \_\_\_\_\_ Current Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

How is your project funded? (Eg. FaCS-EIPP, FaCS-SHS, FACS, Corporate Sponsorship etc.) \_\_\_\_\_

Home Ph: \_\_\_\_\_ Private Address: \_\_\_\_\_

How many hours per month counselling supervision do you have currently? \_\_\_\_\_

**New applicants please attach resume, detailing qualifications and counselling/therapy experience as well as a copy of your job description.**

**I agree to uphold the A.F.C.A. Code of Ethics and Constitution.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \$.....  
(This form is your tax invoice once paid)

**Please pay membership fee through internet transfer to:**

**St George Bank    BSB: 112 879    Account: 043 482 142    and email this form to:**

**Amba Lewis-Rosman (AFCA Membership Officer) Ph: 0487 47 00 47, [amba@myst.com.au](mailto:amba@myst.com.au)**

**AFCA Email: [membership@afcansw.asn.au](mailto:membership@afcansw.asn.au)**