



Practitioner Membership Application

1. Application Details

Title _____ First Name(s) _____
Surname _____ Date of Birth _____
Home Address _____
_____ State _____ Postcode _____
Mobile _____
Private email _____

2. Employer Details

Name _____
Your position _____
Address _____
_____ State _____ Postcode _____
Postal Address _____
Business Telephone () _____ Business Email _____
Name of AFSL Holder _____ AFSL No. _____
Your Authorised Representative No. (if applicable) _____

3. Membership Categories

There are two Practitioner Membership Categories, Member (MeSAFAA) and Master (MSAFAA). Practitioner Membership is offered to finance professionals who are authorised to provide financial advice under a financial services licensee.

If you are not so employed, please consider becoming an Affiliate Member. Details of Affiliate Membership can be viewed on our website.

Please select the Membership category A or B for which you are applying and supply evidence as required.

Membership Categories	Select	Evidence attached
A. Member i. I have employment experience providing professional advice and/or services in an operations or management capacity within the financial services industry. I also hold an appropriate tertiary qualification and/or recognised industry certification. Any advice that is provided by me is provided under a financial services licensing arrangement that meets current legislative requirements.	<input type="checkbox"/>	<input type="checkbox"/>



B. Master Member		
i. I am currently a Responsible Executive (or was an Affiliate of the Australian Securities Exchange [ASX]) ...OR...	<input type="checkbox"/>	<input type="checkbox"/>
ii. I have at least 7 years' experience in total within the last 10 years in an advising, operations or management capacity with one or more Market Participants or Principal Members of the Stockbrokers And Financial Advisers Association. Any advice that is provided by me is provided under a financial services licensing arrangement that meets current legislative requirements.	<input type="checkbox"/>	<input type="checkbox"/>
Tax (Financial) Advisers	Yes	No
i. Are you registered as a Tax (Financial) Adviser?	<input type="checkbox"/>	<input type="checkbox"/>
ii. If not already registered, do you intend to register as a Tax (Financial) Adviser?	<input type="checkbox"/>	<input type="checkbox"/>

4. Membership Requirements

Please confirm you meet the following requirements

Membership Requirements	Yes
i. I meet the Stockbrokers And Financial Advisers Association guidelines for good fame and character (complete Attachment A- Pg 4); and	<input type="checkbox"/>
ii. I meet the Stockbrokers And Financial Advisers Association guidelines for knowledge and skills (complete Attachment B attached- Pg 6).	<input type="checkbox"/>
iii. I am covered by Professional Indemnity Insurance that meets the Stockbrokers And Financial Advisers Association guidelines for Professional Indemnity insurance.	<input type="checkbox"/>

5. Application Declaration

(Please ensure that the following declaration is signed and completed before submitting the form to the Stockbrokers And Financial Advisers Association)

I confirm that the information supplied in this application is complete and correct. I understand that any false or misleading information may lead to loss of membership.

I agree to read and be bound by the terms and conditions of the Stockbrokers And Financial Advisers Association Constitution, Rules, Code of Ethical Conduct, and any policies and guidelines issued by the Stockbrokers And Financial Advisers Association *(as amended from time to time)*.

I will undertake appropriate annual Continuing Professional Development as prescribed by the Stockbrokers And Financial Advisers Association.

I agree to be subject to the Stockbrokers And Financial Advisers Association Conduct Review and Disciplinary System.

I agree to nominate the email address (overleaf) for Stockbrokers And Financial Advisers Association notices pursuant to Corporations Act section 314 'Annual Financial reporting to members' and section 249J 'Notice of meetings of members, to members and directors'.

Signed by applicant _____

Name _____ Date _____

6. Membership Fees

Membership Type	Annual Membership Fee (incl. GST)	Postnominal
Master	\$412.50	MSAFAA
Member	\$275.00	MeSAFAA

7. Payment Details

Cheque enclosed for \$_____ (made payable to Stockbrokers And Financial Advisers Association Limited)

Mastercard Visa Card American Express Diners

Card Number: _____ Expiry Date: ___/___/___ Amex ID Code: _____

Cardholders Name: _____ Total: \$ _____

Cardholder's Signature: _____

Merchant fees apply to credit card payments. Amex 3.025%, Visa 1.5% and Mastercard 1.5%

Payment details must be supplied at time of application. A tax receipt will be issued when the application is approved.

8. Consent to use and disclosure of personal information

I hereby acknowledge and agree that my name and organisation information supplied to the Stockbrokers And Financial Advisers Association as part of my membership application and continuing membership of the Stockbrokers And Financial Advisers Association may be used and disclosed by the Stockbrokers And Financial Advisers Association in the following ways:

a) The Stockbrokers And Financial Advisers Association Website b) Any editorial or other publications including Stockbrokers And Financial Advisers Association newsletters and promotional material. I further consent that the Stockbrokers And Financial Advisers Association may, in order to assist in the administration of its services, disclose my personal information to my employer organisation, including but not limited to information regarding the status of my membership.

Signed by the applicant _____

Name _____ Date _____

Enquiries & applications should be directed to:

Stockbrokers And Financial Advisers Association Limited (ACN 089 767 706)
Level 6, 56 Pitt Street, Sydney NSW 2000
Telephone: (02) 8080 3200
Facsimile: (02) 8080 3299
Email: membership@stockbrokers.org.au
Website: www.stockbrokers.org.au

***Membership approval is at the discretion of the Stockbrokers And Financial Advisers Association Board**



Good Fame & Character Declaration (ATTACHMENT A)

Applicants for Practitioner Membership must confirm they are of good fame and character by completing the following declaration.

The Stockbrokers And Financial Advisers Association complies with the Privacy Act 1988 in handling all information provided by members.

Good Fame & Character Statement

I _____ declare that within the last ten years, within Australia or Overseas, I have not been:

- refused the right, or been restricted in the right, to carry on any trade, business or profession for which a licence, registration, or authority is required by Law
- suspended from membership, or disciplined, by any securities, stock, futures, commodity, or other exchange
- refused membership by any securities, stock, futures, commodity, or other exchange
- refused membership of, or disciplined by, any professional body
- the subject of any findings, judgement or current proceeding, including findings, in relation to fraud, misrepresentation or dishonesty, in any administrative, civil, or criminal proceeding in any country
- convicted of an offence pursuant to the Corporations Act, or ASIC Act (or previous corresponding laws)
- the subject to any ASIC banning order, disqualification, or enforceable undertaking
- determined to not be of good fame & character by ASIC (s. 913B), or any other regulatory agency relating to financial services
- engaged in the management of any company/business that have had a Corporations Act 2001 licence (or previous corresponding laws) registration revoked or suspended
- found to have hindered, obstructed or misled, or was not candid or truthful with, a regulatory agency relating to financial services
- found to be obstructive, misleading or untruthful in dealing with a court, tribunal, official inquiry, complaints handling body, dispute resolution body, or professional or industry body relating to financial services
- declared bankrupt

Declaration

I _____ certify that the information provided in this statement and all attachments is true and correct.

Signature _____

Date _____

Witness

Name _____

Address _____

Signature _____ Date _____

Membership Knowledge & Skills Requirements (ATTACHMENT B)

The following are **required** as supporting documents with your membership application:

- a current resume
- certified copies of your academic record and/or industry qualifications.

Please contact the Stockbrokers And Financial Advisers Association Limited on 02 8080 3200 or via email membership@stockbrokers.org.au for further clarification. The Stockbrokers And Financial Advisers Association reserves the right to request further personal information if deemed necessary.

Requirements: Please tick and initial one of the following that is applicable:

Tick	The applicant:	Evidence attached*
<input type="checkbox"/> <input type="checkbox"/>	1.a. Holds a university degree in a discipline approved by the Stockbrokers And Financial Advisers Association Profession Committee; and also: 1.b. Has successfully completed a Stockbrokers And Financial Advisers Association approved industry short course (including the Stockbrokers And Financial Advisers Association Professional Program and/or the Stockbrokers And Financial Advisers Association Accreditation Program) AND (in relation to registered Tax (Financial) advisers ONLY) – I have the equivalent of six years of full-time experience in providing tax (financial) advice services in the past 8 years	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	2. Has successfully completed an individual assessment by an authorised assessor at the equivalent of full diploma level relevant to the particular industry (e.g. Diploma of Financial Markets, Diploma of Financial Services, Diploma of Financial Planning) AND (in relation to registered Tax (Financial) advisers ONLY) – I have the equivalent of six years of full-time experience in providing tax (financial) advice services in the past 8 years;	<input type="checkbox"/>
<input type="checkbox"/>	3. Has a qualification which is: Specifically relevant to the particular industry and/or product; At least the equivalent of a minimum of a full diploma; and, Recognised under the Australian Qualifications Framework (e.g. RTO diploma or degree) or by a university or other institution of higher education. (This includes but is not limited to, existing approved qualifications, such as diploma courses, listed on the ASIC Training Register)	<input type="checkbox"/>
<input type="checkbox"/>	4. Has demonstrated to the Stockbrokers And Financial Advisers Association Profession Committee through written or verbal submission, that they have the required knowledge, application and skills by reference to the stockbroker competencies (e.g. Stockbrokers Association And Financial Advisers Professional Program and/or the Stockbrokers And Financial Advisers Association Accreditation Program) AND (in relation to registered Tax (Financial) advisers ONLY) – I have the equivalent of six years of full-time experience in providing tax (financial) advice services in the past 8 years	<input type="checkbox"/>

* Attachments must be certified copies of:

1. Academic Record OR
2. Certificate of Attainment

Use of the Term ‘Stockbroker’
(Only applies to representatives of Market Participants)

If you wish to refer to yourself as a ‘stockbroker’ or ‘sharebroker’, please ensure that your employer completes the following declaration.

The use of these terms is specifically prohibited by the Corporations Act 2001 unless authorised by ASIC in your employer’s AFSL, and by the employer to you).

YES / NO *(delete one)*

Employer Declaration

..... *(applicant full name)* is a Representative or
 Authorised Representative of *(AFSL Licensee full
 name)*, AFSL Number who has been authorised to use the term
 ‘stockbroker’ or ‘sharebroker’ in the above Australian Financial Services License by ASIC.

In accordance with Corporations Act s923B(1)(c), we hereby authorize.....
(applicant full name) to use the term ‘stockbroker’ or ‘sharebroker’, or any word or expression that is of like meaning.

For and on behalf of *(AFSL Licensee full name)*

Signature.....

Name

Capacity *(delete one)*

Director / Secretary / Responsible Executive / Responsible Officer / Compliance Officer

Date