

**SUPPORTING MEMBERSHIP APPLICATION - FY12**

We \_\_\_\_\_

1. wish to apply to become a Supporting Member of the Financial Services Council Limited (Financial Services Council), a company limited by guarantee;
2. agree to abide by the Financial Services Council Constitution and decisions of the Members and of the Board, consistent with the Constitution; and
3. nominate \_\_\_\_\_ as our Company's nominee for receipt of all correspondence and, until otherwise notified in writing to the Council, our duly authorised representative to attend all meetings of Members of the Financial Services Council Limited.

Executed as an Agreement in the presence of:

\_\_\_\_\_  
Director/Secretary

\_\_\_\_\_  
Print Name

and

\_\_\_\_\_  
Director/Secretary

\_\_\_\_\_  
Print Name

The Financial Services Council represents Australia's retail and wholesale funds management businesses, superannuation funds, life insurers and financial advisory networks. The Council has over 130 members who are responsible for investing more than \$1.8 trillion on behalf of 11 million Australians. The pool of funds under management is larger than Australia's GDP and the capitalisation of the Australian Stock Exchange and is the fourth largest pool of managed funds in the world. The Financial Services Council promotes best practice for the financial services industry by setting mandatory Standards for its members and providing Guidance Notes to assist in operational efficiency.

Company Name \_\_\_\_\_

ABN \_\_\_\_\_

AFSL \_\_\_\_\_

Postal address \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_

Web Address \_\_\_\_\_

**Nominated Representative**

Title \_\_\_\_\_ First name \_\_\_\_\_

Surname \_\_\_\_\_

Job Title \_\_\_\_\_

Direct phone number \_\_\_\_\_

Direct fax number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

**Personal Assistant**

Title \_\_\_\_\_ First name \_\_\_\_\_

Surname \_\_\_\_\_

Direct phone number \_\_\_\_\_

Email address \_\_\_\_\_

**CEO / MD (if not Nominated Representative)**

Title \_\_\_\_\_ First name \_\_\_\_\_

Surname \_\_\_\_\_

Job Title \_\_\_\_\_

Direct phone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

**FEE SCALE FOR SUPPORTING MEMBERSHIP**

For organisations with less than 50 staff, the member fee is \$6,500 + GST.

For organisation with more than 50 staff, the member fee is \$16,500 + GST.

**TYPE OF BUSINESS**

- Accounting Services
- Actuarial Services
- Administration Services
- Asset Consulting
- Business Services
- Custodial Services
- Education
- HR or Recruitment
- IT or Telecommunications
- Legal Services
- Risk or Compliance
- Communications or Marketing Services
- Research Services
- Other (please specify below)
- 

**YOUR SENIOR MANAGEMENT TEAM**

CEO/MD \_\_\_\_\_

COO \_\_\_\_\_

CIO \_\_\_\_\_

CFO \_\_\_\_\_

HR Manager \_\_\_\_\_

Communications Mgr \_\_\_\_\_

Marketing Mgr \_\_\_\_\_