

Membership Application Form

Please ensure that you fill in your details before returning.

Surname	Address
_____	_____
First Name	

Company Name	

Email Address	

Website Address	Postcode
_____	_____
Mobile Tel No	Home Tel No
_____	_____

In applying you agree:

- That your following details may be published on the consumer facing ACFA website and
- On its member facing internal website
- That ACFA may hold these details on its own computer database.
- You authorise ACFA to take up references and make checks on your membership submission. We would normally only do this once every three years
- You accept the statement of faith reproduced below.
- You have read the Membership Rules and agree to abide by them.

I wish to apply for the following category of membership:

Category	Job title/description	Tick One
Member (voting)	FSA recognised Registered Individual (RI)	
Recommended Subscription £150 See below	Debt counsellor (working for /as charity)	
	Will writer	
	Insolvency practitioner	
	Philanthropy	
	Accountant	
Associate Member (non Voting)	Solicitor	
	Paraplanners	
£75 See below	Financial planning support staff	
	Employees/owners of service providers	
	Non-client facing	
	Charity staff	

Members may pay the recommended subscription appropriate to their membership category or instead make a greater or lesser subscription.

ACFA Statement of Faith

All members believe in:

1. God as the Creator and Sustainer of all Creation and the Father of all who believe in the Lord Jesus Christ.
2. The Lord Jesus Christ as the only begotten Son of God, Redeemer of the world and the One Mediator through faith. In Him alone, can we obtain the forgiveness of sins.
3. God, the Holy Spirit, who indwells every Christian, providing understanding and sanctification.
4. The fact of sin and the necessity for atonement.
5. The incarnation, death and resurrection, ascension and coming again of the Lord Jesus Christ.
6. The whole Bible as the inspired Word of God.

ACFA is a non-denominational organisation, and has membership that reflects a broad spectrum of Christian denominations and styles of worship.

SIGNED: _____
(Applicant)

DATE: _____

The following people have agreed to be referees for me. (At least one Church leader or Elder is desirable but not essential.)

Name: _____ (Referee 1)

Address: _____

Capacity in which known: _____

Contact Telephone Number: _____

Email address: _____

Name: _____ (Referee 2)

Address: _____

Capacity in which known: _____

Contact Telephone Number: _____

Email address: _____

Please now complete page 3 to ensure you are correctly listed on the website and return, together with your completed standing order or cheque to:
Angela Hardy, ACFA Administration, P. O. Box 425,
Tunbridge Wells, Kent TN2 9LZ
or email to acfa@live.co.uk

In the event of a query please call Angela Hardy on 01892 864599

Member search information

Can you now please tick one of the descriptions under each of the following 5 headings to ensure we get your details correct on the member search facility:

Member type:

- Full member (voting)
- Associate member

Type of organisation:

- Business
- Charity
- Not for profit organisation

Search facility criteria (for FULL members only):

- Financial Adviser (IFA)
- Financial Adviser (Tied)
- Financial Adviser (Multi-tied)
- Solicitor
- Will-writer
- Accountant
- Debt counsellor/re-arranger
- Financial Planner (non-regulated)
- Philanthropic adviser
- Christian Bank
- Other (please state) _____

Main business:

- Financial Planning Advice
- Debt counselling & advice
- Will writing only
- Legal services
- Accountancy
- Banking
- Insurance/investment provider
- Other (please state) _____

Position within organisation (for ASSOCIATE members only):

- Chief Executive
- Chairman
- Director
- Para-planner
- Administrator
- Sales person
- Other (please state) _____