



# Application for declaration of an association's financial tier

*Associations Incorporation Act 2015 s 64 and 65*

**Purpose**

Use this application form to classify an incorporated association's financial tier under the *Associations Incorporation Act 2015* (the Act) as its usual size (Tier 1 or Tier 2) even if its revenue has changed due to an unusual and non-recurring event.

This form must be submitted during the financial reporting period in which the unusual event occurred and no later than three months from that financial reporting period ending.

**Instructions**

- Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in block letters.
- Tick  where appropriate.
- An incomplete application cannot be processed
- Please do not staple the documents
- Keep a copy of the application (including attachments) for your own records.

<b>OFFICE USE ONLY</b>

## SECTION A: INCORPORATED ASSOCIATION PARTICULARS

1. What is the name of the incorporated association?  
*The association's name as shown on the certificate of incorporation.*

2. What is the incorporated association's registration number (IARN):

## SECTION B: TIER INFORMATION

3. Which Tier does the association wish to be declared as?  
*Tick one (1) only*

- Tier 1 with revenue under \$250,000.
- Tier 2 with revenue between \$250,000 and \$1,000,000.

4. What date does the association's financial reporting period end on?

<i>Day</i>	<i>Month</i>	<i>Year</i>

5. What was (or will be) the total revenue for the association in the following reporting periods?  
*Estimate the revenue if it is in the future. Do not include cents.*

	Year	Total Revenue	
<b>Previous reporting period</b>		\$	.00
<b>Reporting period in which the unusual event occurred</b>		\$	.00
<b>Following reporting period</b>		\$	.00

6. Describe the unusual event or events that resulted in the change of the association's financial tier, including the revenue received as a result of that event. (For example, the association received a capital grant of \$100,000).


*If there is insufficient space, please attach an annexure labelled "Unusual Events"*

### SECTION C: AUTHORISED PERSONS PARTICULARS & DECLARATION

Provide the name and particulars of the person making this application:  
Any correspondence about this application will be sent to this person.

I certify that:

- I am duly authorised by the association to lodge this application and any accompanying documents under the Act;
- the information contained within this application, including any attachments are to the best of my knowledge true and correct; and
- I understand that it is an offence under section 177 of the Associations Incorporation Act 2015 to make a false and misleading declaration in relation to this application.

Signed	<input type="text"/>	Date	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other ► _____		
Name	<input type="text"/>	Surname	<input type="text"/>
Address (Street or PO)	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>

**IMPORTANT: Before you sign this form, check that you have provided true and correct information.**

**Privacy Statement – please read.** The Department of Mines, Industry Regulation and Safety, Consumer Protection Division is collecting and holding information supplied for the purposes of the Act. In accordance with this legislation, a copy of this form and the information it contains will be available for purchase by the public upon payment of a prescribed fee.

## SUBMITTING THIS APPLICATION

Return the completed application, with any supporting documentation and the applicable fees:

In person at:	Level 1, Mason Bird Building, 303 Sevenoaks Street, CANNINGTON WA
By mail to:	Department of Mines, Industry Regulation and Safety, Consumer Protection, Associations & Charities Branch, Locked Bag 100 EAST PERTH 6892

**Do not submit by email. We cannot accept forms containing credit card numbers that are emailed**

### What happens next;

- The application and attachments will be reviewed. You will be notified in writing if further information is needed.
- If any change occurs in the information you have provided in your application, you must notify Consumer Protection as soon as possible.

If you need assistance completing this form contact the Associations and Charities Branch on **1300 30 40 74** or **6552 9300** between 8.30 am to 4.30pm weekdays.

## PAYMENT

**GST is not applicable on fees. A receipt will not be issued unless specifically requested.**

Cash  
*(Pay in person – do not send cash in the mail)*

Payment method  Money Order / Cheque  
*(Made payable to the Department of Mines, Industry Regulation and Safety)*

Debit / Credit Card ► Complete details below

## IMPORTANT

**Consumer Protection cannot accept debit/credit card details over the phone or email (including any attachments) in accordance with the Payment Card Industry Data Security Standards.**

**If an email is received containing debit /credit card details, it will be deleted immediately and your application and payment will not be processed.**

Charge my  VISA  MASTERCARD

Debit/Credit card number

Expiry Date  /  Amount authorised \$

Cardholder's name:

Cardholder's signature  Date:  /  /

**If the payment has been made by another person on behalf of the applicant, please complete below**

Postal address:

Suburb:  State:  Postcode:

Telephone  Email