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| STCMTMEM |
| Certificate and statement of a management committee member | | | | | | | | | |
| *Associations Incorporation Act 2015 s 30,130, 200* | | | | | | | | | |
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| **Purpose**  Clubs, groups, organisations or associations use this form to either:   * provide a certification or statement that resolutions have been passed in accordance with the *Associations Incorporation Act 2015*; or * to confirm the implementation of a distribution plan has been finalised.   **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 and attach this certificate with the relevant application form * Please do not staple the documents | | | | | |  | **OFFICE USE ONLY** | | |
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| **SECTION A: INCORPORATED ASSOCIATION AND MANAGEMENT COMMITTEE MEMBER’S PARTICULARS** | | | | | | | | | |
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| 1. What is the name of the association that the committee member is from? | | | | | | | | | |
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|  | | | | | | | | | |
| 1. What is the incorporated association’s registration number (IARN): | | | | | | | |  | |
|  | | | | | | | | | |
| 1. Provide the name and particulars of the management committee member signing this certificate: | | | | | | | | | |
|  | | | | | | | | | |
| Title | | | □ Mr □ Mrs □ Ms □ Miss □ Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Name | | |  | | Surname | | |  | |
|  | | | | | | | | | |
| Street or PO | | |  | | | | | | |
| Suburb | | |  | | | | | | |
| State | | |  | | Postcode | | |  | |
|  | | | | | | | | | |
| Telephone | | |  | | Mobile | | |  | |
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| Email | |  | | | | | | | |
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| Position Held | |  | | | | | | | |
| **SECTION B: CERTIFICATION AND DECLARATION – *Check one (1) box only*** | | | | | | | | | |
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| **Notice of special resolution to change rules** (s 30) | | | | | | | | | |
| □ | *I hereby certify that:*   * *I am a duly elected committee member of the association; and* * *the alterations to the rules covered in the attached Notice of Change of Rules were duly passed by special resolution of the members at a general meeting called in accordance with the rules and the requirements of the Associations Incorporation Act 2015.* | | | | | | | | |
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| **Notice of committee resolution to change rules** (s 200) | | | | | | | | | |
| □ | *I hereby certify that:*   * *I am a duly elected committee member of the association; and* * *The alterations to the rules covered in the attached Resolution by Committee to Change of Rules were duly passed by resolution of the management committee in accordance with the requirements of the Associations Incorporation Act 2015; and* * *The alterations to the rules covered in the Resolution by Committee to Change of Rules do no more than give effect to a requirement, restriction or prohibition imposed under the Associations Incorporation Act 2015.* | | | | | | | | |
|  | | | | | | | | | |
| **Application for voluntary cancellation** (s 130) | | | | | | | | | |
| □ | *I hereby state that:*   * *I am a duly elected committee member of the association;* * *before the special resolution to voluntarily cancel the incorporation of the association was passed by members, the management committee examined the association’s affairs and by resolution declared the association has met, or is able to meet its debts and liabilities;* * *the special resolution to cancel the incorporation of the association was duly passed by special resolution of the members at a general meeting called in accordance with the rules and the requirements of the Associations Incorporation Act 2015; and* * *the distribution plan, if any, set out in the application for voluntary cancellation was approved by special resolution of the association’s members.* | | | | | | | | |
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| Signed | | |  | | Date | | |  | |
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| **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. | | | | | | | | | |
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| **LODGING THE APPLICATION FORM** | | | | | | | | | |
| **This certificate is not to be lodged on its own**. It is to accompany the relevant application. Please ensure you lodge all required documents. Make a copy of this certificate for your own records. | | | | | | | | | |
| **By post:**  Department of Mines, Industry Regulation and Safety  Consumer Protection Division  Associations and Charities Branch  Locked Bag 14  CLOISTERS SQUARE WA 6850 | | | | **In person at: (8.30 am to 4.30pm weekdays)**  Department of Mines, Industry Regulation and Safety  Consumer Protection Division  Level 1, Mason Bird Building  303 Sevenoaks Street  CANNINGTON WA | | | | | |
| For assistance call our information line on 1300 304 074 or (08) 6552 9300 (8.30 am to 4.30pm weekdays) | | | | | | | | | |