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| INFOSTMT |
| Information statement |
| *Associations Incorporation Act 2015 s 156 Associations Incorporation Regulations 2016 r 15* |
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| **Purpose**Associations incorporated under the *Associations Incorporation Act 2015* (the Act) use this application form to provide required information to the Commissioner for Consumer Protection in accordance with the Act and *the Associations Incorporation Regulations 2016.***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 complete all sections of the form.
 |   | **OFFICE USE ONLY** |
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| **SECTION A: INCORPORATED ASSOCIATION PARTICULARS** |
|  | *Day* | *Month* | *Year* |
| 1. This information statement is for the association's financial year ending:
 |  |  |  |
|  |
| 1. What is the name of the incorporated association?
 |
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|  |
| 1. What is the incorporated association’s registration number (IARN)?
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| 1. What is the association’s current address?
 |
| *The associations address is the address for posted correspondence. This should be the address that the public can use to contact the association.* |
| Street or PO |  |
| Suburb |  | State |  | Postcode |  |
|  |
| 1. What is the association’s current email address?
 |
| *The email address will be used to email correspondence to the association. This should be a generic email address or an email that the management committee have access to.* |
| Email |  |
|  |
| 1. What is the association’s current address for service?
 |
| *The address for service of documents is the address where official documents can be delivered to the association.* |
| □ The address for service is the same as association’s current contact address |
| Street |  |
| Suburb |  | State |  | Postcode |  |
| 1. Which category best describes the association’s main objects or purpose?
 |
| □ | Religious activities | □ | Environmental conservation |
| □ | Educational activities | □ | Historical or cultural preservation |
| □ | Charitable or benevolent activities | □ | Promotion of the interests of a local community |
| □ | Culture and the Arts | □ | Establishing, carrying on or improving a community centre |
| □ | Sport, recreation or social club activity | □ | Promotion of interests for a trade or industry |
| □ | Political activities | □ | Promotion of students and staff interests |
| □ | Providing medical treatment | □ | Promoting the interests of persons suffering from a physical, mental or intellectual disability or condition |
| □ | Other – *Describe in the space below.*  |
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| **SECTION B: REPORTING AND REGULATORY OBLIGATIONS** |
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| 1. Does the association currently have at least six voting members?
 |
| *The association should have a minimum of six members with voting rights to remain eligible for incorporation.* |
| □ | Yes | □ | No |
| 1. What date was the Annual General Meeting (AGM) held?
 |
| *The association must hold an AGM each calendar year and within six months* ***after*** *the end date of the association's financial year.* |
|  | *Day* | *Month* | *Year* |
|  |  |  |  |
| 1. What was the association’s total revenue\* for its last financial year?
 |
| *Revenue is the total amount of money received or earned by the association prior to any deductions or expenditure. Round amount to the nearest dollar. DO NOT INCLUDE CENTS.* | $ | .00 |
|  |
| 1. Is the association registered with the Australian Charities Not-for-profit Commission (ACNC)?
 |
| *The registration status can be checked by visiting the ACNC’s website at www.acnc.gov.au.* |
| □ | Yes | □ | No |
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| **SECTION C: AUTHORISED PERSONS PARTICULARS & DECLARATION** |
| Provide the name and particulars of the person making this application: |
| *I certify that:** *I am a duly elected committee member of the association or authorised by a committee member on behalf of the association to submit this statement under the Act;*
* *the information contained within this statement is true and correct; and*
* *I acknowledge that it is an offence under section 177 of the Act to make a false and misleading declaration in relation to this application.*
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|  |
| Signature |  | Date signed |  |
|  |
| Title | □ Mr □ Mrs □ Ms □ Miss □ Other: *please specify* ▶ |  |
|  |
| Name |  | Surname |  |
|  |
| Position held |  |
|  |
| Address |  |
| Suburb |  | State |  | Postcode |  |
|  |
| Telephone |  | Email |  |
|  |
| **IMPORTANT: Before you submit this form, check that you have provided true and correct information.**  |
| **DO NOT attach financial statement or any other documents to this form unless specifically requested by Consumer Protection** |
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| **LODGING THE APPLICATION FORM** |
| Make a copy of this application (including attachments) for your own records. |
| By post:**Department of Mines, Industry Regulation and Safety****Consumer Protection Division****Associations and Charities Branch****Locked Bag 100****EAST PERTH WA 6892** | By email:**associations@dmirs.wa.gov.au** |
| For assistance call our information line on 1300 304 074 or (08) 6552 9300 (8.30 am to 4.30pm weekdays) |