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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: | | | | | | | | | | | | |  |  | |  |
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| 1. What is the name of the incorporated association? | | | | | | | | | | | | | | | | |
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| 1. What is the incorporated association’s registration number (IARN)? | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| 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 |
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| 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 |
|  | | | | | | | | | | | | | | | | |
| **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.* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signature | | | |  | | Date signed | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| Title | | | | □ Mr □ Mrs □ Ms □ Miss □ Other: *please specify* ▶ | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| Name | | | |  | | Surname | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| Position held | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
| Suburb | | | |  | State |  | | | | | | | Postcode | |  | |
|  | | | | | | | | | | | | | | | | |
| Telephone | | | |  | | Email | | | | |  | | | | | |
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| **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) | | | | | | | | | | | | | | | | |