



INFOSTMT

Information statement

Associations Incorporation Act 2015 s 156 Associations Incorporation Regulations 2016 r 15

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

1. This information statement is for the association's financial year ending:

| Day | Month | Year |
|-----|-------|------|
| | | |

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

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

4. What is the association's current address?
Provide the association's email and the address you want the Department to use to send communication to. The email address should not be a personal email.

| | | | |
|--------|--|----------|--|
| Street | | | |
| Suburb | | | |
| State | | Postcode | |
| Email | | | |

5. What is the association's current address for service?
The address for service is the address that you want the public to use to contact the association.

Tick if the same as the new association's address.

| | | | |
|--------|--|----------|--|
| Street | | | |
| Suburb | | | |
| State | | Postcode | |

6. Which category best describes the association's main objects or purpose?

- | | |
|--|---|
| <input type="checkbox"/> Religious activities | <input type="checkbox"/> Environmental conservation |
| <input type="checkbox"/> Educational activities | <input type="checkbox"/> Historical or cultural preservation |
| <input type="checkbox"/> Charitable or benevolent activities | <input type="checkbox"/> Promotion of the interests of a local community |
| <input type="checkbox"/> Culture and the Arts | <input type="checkbox"/> Establishing, carrying on or improving a community centre |
| <input type="checkbox"/> Sport, recreation or social club activity | <input type="checkbox"/> Promotion of interests for a trade or industry |
| <input type="checkbox"/> Political activities | <input type="checkbox"/> Promotion of students and staff interests |
| <input type="checkbox"/> Providing medical treatment | <input type="checkbox"/> Promoting the interests of persons suffering from a physical, mental or intellectual disability or condition |
| <input type="checkbox"/> Other – Describe in the space below. | |

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SECTION B: REPORTING AND REGULATORY OBLIGATIONS

Does the association currently have at least six voting members?

- Yes No

7. When did the association hold its last Annual General Meeting (AGM)?

| | | |
|------------|--------------|-------------|
| <i>Day</i> | <i>Month</i> | <i>Year</i> |
| | | |

8. What was the association's total revenue* for its last financial year?

Note: Revenue is the total amount of money received or earned by the association in a financial year prior to any deductions or expenditure.

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9. Is the association registered with the Australian Charities Not-for-profit Commission (ACNC)?

You can check your registration status 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:

Any correspondence about this application will be sent to this person.

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.*

| | | | |
|--------------|---|----------|----------------------|
| 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"/> |
| Street or PO | <input type="text"/> | | |
| Suburb | <input type="text"/> | | |
| State | <input type="text"/> | Postcode | <input type="text"/> |
| Telephone | <input type="text"/> | Mobile | <input type="text"/> |
| Email | <input type="text"/> | | |

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

LOGGING THE APPLICATION FORM

Make a copy of this application (including attachments) for your own records.

By post:

In person: (8.30 am to 4.30pm weekdays)

**Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Associations and Charities Branch
Locked Bag 100
EAST PERTH WA 6892**

**Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Level 2, Gordon Stephenson House
140 William Street
PERTH WA**

For assistance call our information line on 1300 304 074 or (08) 6552 9300 (8.30 am to 4.30pm weekdays)

Our online portal AssociationsOnline can be used to submit this application electronically. For more information please visit www.commerce.wa.gov.au/associationsonline