Government of **Western Australia**
Department of **Mines, Industry Regulation and Safety**
Consumer Protection

FORM 4

Notification of an incorporated associations address

Associations Incorporation Act 2015 s7, 103, 174 and 203

Purpose

This form should be used to notify Consumer Protection of an incorporated associations contact address and postal address for service of notice under the *Associations Incorporation Act 2015* (the Act).

WARNING: It is an offence to fail to lodge this notice either within 90 days of the new laws commencement or 28 days of the change occurring.

OFFICE USE ONLY
Job Number
Date Received

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: ADDRESS PARTICULARS

3. What is the association's new contact address?
   The association's contact address is the address for posted correspondence. This should be the address the public can use to contact the association.

Address *(Street or PO)*

Suburb | State WA | Postcode

4. What is the association's new 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

5. What is the association's new address for service?
   The address for service is the address that where official documents can be delivered (served) to the association.

☐ The address for service is the same as the associations current contact address

Address *(Street or PO)*

Suburb | State WA | Postcode

Date changed

SECTION C: AUTHORISED PERSONS PARTICULARS & DECLARATION

Provide the name and particulars of the person making this application:

I certify that:

- *I am authorised by the association's committee to lodge this application under the Act;*
- *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; and*
- *acknowledge that by participating in the lodgement of this application electronically I agree to be bound by the AssociationsOnline Terms and Conditions of Use.*

Signed		Date signed	
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms	Other	
Name		Surname	
Position held			
Address			
Suburb		State WA	Postcode
Daytime Phone		Email	

IMPORTANT: Before you submit 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.

LODGING THE APPLICATION FORM

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

This form can be returned:

By email

associations@dmirs.wa.gov.au

By post

Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Associations and Charities Branch
LOCKED BAG 100
EAST PERTH WA 6892

Please retain a copy of this form for the Associations records.