



Reinstatement of an association’s incorporation

Associations Incorporation Act 2015 s151

Purpose

This application form should be used by clubs, groups or associations previously incorporated under the *Associations Incorporation Act 2015* (the Act) that have been cancelled and are seeking to have their incorporation reinstated.

Section A: Cancelled association particulars

1. What is the name of the incorporated association seeking the exemption?

<input type="checkbox"/> Inc / <input type="checkbox"/> Incorporated
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2. What is the incorporated association’s registration number (IARN)?

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3. What is the association’s current address?

Provide your association’s email and the address you want the public to use to contact you. The email address should not be a personal email.

Street	
Suburb	
State	Postcode
Telephone	Mobile
Email	

4. What is your association’s current address for service? *Tick if the same as above. Mail will be sent to this address unless you advise otherwise.*

Street	
Suburb	
State	Postcode
Telephone	Mobile
Email	

Section C: Appointed person particulars

Provide the name and particulars of the person making this application:
Any correspondence about this application will be sent to this person using the preferred method of communication.

Title <i>Please choose only one</i>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Other – Specify Other	
First Name	Last Name
Street	
Suburb	
State	Postcode
Telephone	Mobile
Email	

Preferred method of communication Email Post

Section D: Declaration

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

I certify that:

- *I am duly authorised to submit this request 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	(dd/mm/yyyy)
Position Held		

CHECK COMPLETION

An incomplete application cannot be processed. Have you:

Attached copies of documents which demonstrate that the association should not have been cancelled. For example, minutes of annual general meetings since the date of cancellation, financial statements or register of members.

Please do not staple the documents

LODGING THE APPLICATION FORM

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

By post:

**Associations and Charities Branch
Department of Commerce
Locked Bag 14
CLOISTERS SQUARE WA 6850**

In person: (8.30 am to 5.00pm weekdays)

**Department of Commerce
Level 2, Gordon Stephenson House
140 William Street
PERTH WA 6000**

For assistance call our information line on **1300 30 40 74**.