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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?   *The association’s name as shown on the certificate of incorporation.* | | | | | | | | | | | | | | |
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| 1. What is the incorporated association’s registration number (IARN): | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | |
| 1. 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 | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. 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 | | | | |  | | | |
| 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** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Does the association currently have at least six voting members? | | | | | | | | | | | | | | |
| □ | Yes | | | □ | | | No | | | | | | | |
|  | | | | | | | | | | *Day* | | | *Month* | *Year* |
| 1. When did the association hold its last Annual General Meeting (AGM)? | | | | | | | | | |  | | |  |  |
|  | | | | | | | | | | | | | | |
| 1. 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.* | | | | | | | | | | $ | | | | .00 |
|  | | | | | | | | | | | | | | |
| 1. Is the association registered with the Australian Charities Not-for-profit Commission (ACNC)? | | | | | | | | | | | | | | |
| □ | Yes | | | □ | | | No | | | | | | | |
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| **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 | | |  | | | Date | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Title | | | □ Mr □ Mrs □ Ms □ Miss □ Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Name | | |  | | | Surname | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Street or PO | | |  | | | | | | | | | | | |
| Suburb | | |  | | | | | | | | | | | |
| State | | |  | | | Postcode | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Telephone | | |  | | | Mobile | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | |
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| IMPORTANT: Before you submit this form, check that you have provided true and correct information. | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | |
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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 14**  **CLOISTERS SQUARE WA 6850** | | | | | In person: (8.30 am to 5.00pm weekdays)  **Department of Mines, Industry Regulation and Safety**  **Consumer Protection Division**  **Level 2, Gordon Stephenson House**  **140 William Street**  **PERTH** | | | | | | | | | |
| For assistance call our information line on 1300 30 40 74 or (08) 6552 9300 | | | | | | | | | | | | | | |
| *Email submissions cannot be accepted. Our online portal AssociationsOnline can be used to submit this application electronically. For more information please visit* [*www.commerce.wa.gov.au/associationsonline*](http://www.commerce.wa.gov.au/associationsonline) | | | | | | | | | | | | | | |