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| GovLogo_DMIRS_Consumer Protection_Hi res_BW |  |
| 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):
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|  |
| 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** |
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| 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 |  |
|  |
| 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) |