



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

## SECTION A: INCORPORATED ASSOCIATION PARTICULARS

Day Month Year

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

2. What is the name of the incorporated association?

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

4. What is the association's current contact address?

*The association's address is the address for posted correspondence. This should be the address that the public can use to contact the association.*

Street or PO

Suburb

State

Postcode

5. What is the association's current 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

6. What is the association's current address for service of documents?

*The address for service of documents is the address where official documents can be delivered to the association.*

The address for service is the same as association's current contact address.

Street

Suburb

State

Postcode

7. 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.

## SECTION B: REPORTING AND REGULATORY OBLIGATIONS

8. Does the association currently have at least six voting members?

*The association should have a minimum of six members with voting rights to remain eligible for incorporation.*

Yes

No

9. What date was the annual general meeting held?

*The association must hold an annual general meeting each year and within six months after the end date of the association's financial year.*

10. What was the association's total revenue\* in the financial year?

*Revenue is the total amount of money received or earned by the association prior to any deductions or expenditure.*

*Round amount to the nearest dollar. DO NOT INCLUDE CENTS.*

\$	.00
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11. Is the association registered with the Australian Charities Not-for-profit Commission (ACNC)?

*The registration status can be checked by visiting the ACNC's website at [www.acnc.gov.au](http://www.acnc.gov.au)*

Yes

No

## SECTION C: AUTHORISED PERSONS PARTICULARS & DECLARATION

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

*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 signed

Title

Mr

Mrs

Miss

Ms

Other

Name

Surname

Position held

Address

Suburb

State

Postcode

Daytime Phone

Email

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

**DO NOT** attach financial statement or any other documents to this form unless specifically requested by Consumer Protection

## LODGING THE APPLICATION FORM

Make a copy of this application for your own records.

By post:

By email:

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

**associations@dmirs.wa.gov.au**

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