



0401

Application for Association Incorporation

Associations Incorporation Act 1981 Section 5

Application fee

- \$59.80** • if adopting model rules with no change, or
 • if only changing end of financial year date in model rules,
- OR**
- \$119.50** • if adopting model rules with any other changes, or
 • if adopting own rules.

Office use only – Registration number

Date lodged / / Initials

Please use a blue or black pen to complete this form. Please print clearly using block letters.

Details of Association

1. Proposed name of Association (It is suggested the name reflect the purpose of the Association)
- Inc.
2. Registered address of Association (P.O. boxes cannot be accepted)
- State VIC Postcode
3. Postal address of Association
- Same as registered address above
 or write postal address here
- Postcode
4. How many members does the Association have at the time of making this application?
-
5. What is the estimated gross annual income for the Association's first financial year?
- \$
6. What is the value of the Association's assets at the time of making this application?
- \$

Association Rules and financial year

7. What rules have the members approved for the proposed Association to adopt? The model rules described here are the rules outlined in Schedule 5 of the Associations Incorporation Regulations 1998. (tick one only)
- The Association will adopt the model rules with no changes or only one change to the end of the financial year date – you do not need to attach a copy of the model rules but specify here the entrance fee and annual subscription fee which will become part of the rules.
- Entrance fee Annual fee
 \$ \$
- The Association will adopt the model rules with changes – or the Association has written and will adopt its own rules which comply with section 6 of the *Associations Incorporation Act 1981*. You must attach a full copy of the rules.
8. What is the Association's proposed end of financial year date? (eg 30 June, 26 August etc)
-

Appointment of first public officer

9. Surname of first public officer
-
- Given names
-
- Residential address (P.O. boxes cannot be accepted)
- State VIC Postcode
- Daytime telephone number
-
- Contact email address
-

Privacy – CAV is committed to responsible and fair handling of your personal information, consistent with the laws we administer and the *Information Privacy Act 2000*. The information marked with a 'P' on this form will be placed on the public register in accordance with the *Associations Incorporation Act 1981*. We may be unable to process this form if you do not provide the required information. You can contact us at any time to request access to the personal information we hold about you. In exceptional circumstances, you may apply to have public access to your personal information restricted. Our privacy statement, and other privacy information is available at www.consumer.vic.gov.au or on request.



Statement of purposes

© 10. You must attach a copy of the member approved Statement of Purposes of the Association or write the statement of purposes here. If you need extra space, please attach a separate sheet titled 'statement of purposes'.

The Statement of Purposes should list all the aims and objectives of the Association. It is generally a three to four sentence statement describing what the association is hoping to achieve.

List each purpose in a numbered paragraph.

An example of a Statement of Purpose:

1. *To provide an opportunity for the youth of our area to participate in Australian Rules Football and enhance their health and wellbeing through organised sport.*
2. *To provide for the health, welfare and wellbeing of it's players, supporters and spectators.*

Signature of applicant

I certify that:

1. I am authorised in accordance with section 4 of the *Associations Incorporation Act 1981* to apply for the incorporation of the Association in this application.
2. The proposed Statement of Purposes and Rules have been approved by a majority of members in accordance with section 4(2) of the *Associations Incorporation Act 1981*.
3. The particulars contained in this application are true and correct. I acknowledge that it is an offence under section 49 of the *Associations Incorporation Act 1981* to make a false or misleading statement in relation to an application for association incorporation.
4. The copies of the Association rules, Statement of Purposes and any trust deeds and instruments accompanying this application are true copies.
5. The first public officer named in this form:
 - is a resident of Victoria, and
 - is 18 years of age or older, and
 - consents to being public officer.

Signature

X

Printed name

Date

/ /

Contact email address

Daytime telephone no.

Address

Postcode

Office use only



Please attach any cheques, money orders and other documents by paperclip. Do not staple.

Checklist

Your application cannot be processed without the following documents

- Rules** – You must attach a full copy of the rules to this application if the Association is intending to adopt the model rules with amendments or its own set of rules. You do not need to attach a copy of the rules if the Association is adopting the model rules with no amendments or only one change to the end of the financial year date.
- Statement of Purposes** – You must attach a copy of the member approved Statement of Purposes.
- A copy of any Trust Deeds** relating to the Association.

How to lodge and pay for this application

The application fee of \$59.80 (if adopting the model rules with no changes or only one change to the end of the financial year date) or \$119.50 (if adopting the model rules with any other changes or own model rules) can be paid by cheque, money order or credit card. There is no GST on this fee. Do not send cash through the mail. Cash will be accepted if paying in person. Cheques and money orders are to be made payable to: 'Consumer Affairs Victoria'.

Lodge this form, any attachments and your payment by:

Delivering in person to: OR

Victorian Consumer & Business Centre
 Consumer Affairs Victoria
 113 Exhibition Street Melbourne
 Counter area is open 8.30am–5.00pm Monday to Friday
 (closed on public holidays)

Sending by post to:

Consumer Affairs Victoria
 GPO Box 4567 Melbourne 3001
 (please use a large envelope and fold this form and any attachments as little as possible)

Contact Consumer Affairs Victoria:
 Telephone: 1300 36 16 73
 Fax: (03) 8684 6210

If paying by credit card, fill in your credit card details below (all details must be complete to process this form)

Proposed Association Name

Visa
 Mastercard
 Amex

Card number

CCV number *(see note below)

*Note on CCV numbers: Credit cards are now issued with a CCV number. This is the last three numbers located on the signature strip on the back of the card. If your credit card has been allocated this number enter the three numbers in the space provided.

Name of cardholder

Card expiry date Amount

/

\$

Signature of cardholder

Date

/

/

Daytime telephone number