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| **INFOSTMT** |  |
| Association’s Information statement |
| *Associations Incorporation Act 2015 s 156 Associations Incorporation Regulations 2016 r 15* |
| **Please read this information before completing this form** |
| **ABOUT THIS FORM**  |
| Use this form to provide your incorporated association’s annual information statement to the Commissioner for Consumer Protection in accordance with the *Associations Incorporation Act 2015.***Lodgement period:**Submit this form after the end of your association’s financial year and within six months of the end of the association’s financial year. |
|  |
| **HOW TO COMPLETE THIS FORM**  |
| * You can complete this form onscreen and print it out or print and complete by hand.
* If completing by hand use a blue or black pen and print using BLOCK letters.
* **Complete all sections of the form.**
 |
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| **RELATED INFORMATION**  |
| * Each incorporated association in Western Australia must submit Annual Information Statement (AIS) each year under section 156 of the *Associations Incorporation Act 2015*.
* If Consumer Protection does not receive an AIS, we may assume the association is no longer operating and may cancel its incorporation.

Exemptions* Your incorporated association may be exempt from submitting an information statement if:
	+ It is registered with the Australian Charities and Not-for-profits Commission (ACNC) and
	+ Submits the ACNC’s Annual Information Statement with the ACNC on time.
* To qualify for exemption, ACNC registered associations must:
	+ Ensure that the reporting period in the ACNC’s statement matches the financial year end recorded with Consumer Protection
	+ Answer 'Yes' to the ACNC question about being an incorporated association, and select WA as its state of incorporation.
	+ Provide your **Incorporated association registration number** (IARN) when prompted.
	+ Complete all questions in the State and Territory reporting section, including **AGM** date and **member details.**
* Associations that hold a WA Charitable Collections Licence and are not registered with the ACNC must also complete [Annual Financial Return](https://onlineforms.dmirs.wa.gov.au/#/form/67330803895bd80620beb75e)
* Consumer Protection will send confirmation to the association’s email and any active AssociationsOnline users when an exemption is granted.
* Even if exempted your association must continue to notify Consumer Protection of changes to its name, Rules (including changes of financial year) and contact details. For more information please refer to the Associations Information statement webpage at <https://www.lgirs.wa.gov.au/infostatement>.
 |
| **FEES** |
| There is no fee to submit this form |
|  |
| **HOW TO LODGE**  |
| Once you have completed this form, you can lodge it using one of the following methods: |
| **By email:** | **associations@lgirs.wa.gov.au** |
| **By post** | Department of Local Government, Industry Regulation and Safety Associations and CharitiesLocked Bag 14 CLOISTERS SQUARE PERTH WA 6850 |
|  |
| **WHAT HAPPENS NEXT** |
| * The form and supporting documents will be reviewed. We will contact you in writing if further information is needed.
* This form may not be processed if it is incomplete or is not completed correctly
* If you need to correct a submitted AIS you will need to complete a new form and email it to Consumer Protection.
 |
|  |
| **CONTACT** |
| For assistance with completing this form, or information about the progress of an application, contact the Associations and Charities Branch by: |
| Telephone | **1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays) |
| Email | **associations@lgirs.wa.gov.au** |
| Website | [**www.lgirs.wa.gov.au/associations**](http://www.lgirs.wa.gov.au/associations) |
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**The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form.**

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| **INFOSTMT** |  |
| Association’s Information statement |
| *Associations Incorporation Act 2015 s 156 Associations Incorporation Regulations 2016 r 15* |
| **OFFICE USE ONLY** |
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| **SECTION A: INCORPORATED ASSOCIATION PARTICULARS** |
| 1. Name of the incorporated association
 |
|  |
|  |
| 1. Incorporated association’s registration number (IARN)
 |  |
| 1. The association’s main objects or purpose is:
 |
| □ | 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.*  |
|  |
| 1. The association’s current address is:
 |
| *Provide an address that the public could use to send correspondence and contact the Association.*  |
|  |
|  |
| Suburb |  | State |  | Postcode |  |
|  |
| 1. The associations current email:
 |
| *This is the main email address for the Association.* *The Association’s email address should be a generic email address or an email that members of its governing body have access to.* |
| Email |  |
|  |
| 1. The associations current address for service is:
 |
| *The address for service is the address that official documents can be delivered (served) on the association.*  |
| □ Tick if the address for service is same as the association’s address. |
|  |
|  |
| Suburb |  | State |  | Postcode |  |
|  |
| **SECTION B: REPORTING AND REGULATORY OBLIGATIONS** |
|  | *Day* | *Month* | *Year* |
| 1. This statement is for the financial year ending:
 |  |  |  |
| 1. Does the association have at least six voting members?
 |
| *The association must have 6 or more embers with voting rights to remain incorporated.* *If it has fewer than 6 members, the association should take steps immediately to increase these numbers.* |
| □ | Yes |  |  |
| □ | No |  |  |
|  | *Day* | *Month* | *Year* |
| 1. Date the last Annual General Meeting (AGM) was held on:
 |  |  |  |
| *The association must hold an AGM within six months* ***after*** *the end of the association’s financial year.* |
|  |
| 1. What was the association’s total revenue\* for its last financial year?
 | $ |
| *Revenue is the total amount of money received or earned by the association BEFORE any expenditure is deducted.****The Associations financial statements must be presented to members at the AGM.*** |
|  |
| 1. 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.* |
| □ | No |  |  |
| □ | Yes |  |  |
|  |
| **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 Associations Incorporation Act 2015;*
* *the information contained within this statement is true and correct; and*
* *I acknowledge that it is an offence under section 177 of the Associations Incorporation Act 2015 to make a false and misleading declaration in relation to this application.*
 |
|  |
| Signature |  | Date signed |  |
|  |
| Title | □ Mr □ Mrs □ Ms □ Miss □ Other: *please specify* ▶ |  |
|  |
| Name |  | Surname |  |
|  |
| Position held |  |
|  |
| Address |  |
| Suburb |  | State |  | Postcode |  |
|  |
| Telephone |  | Email |  |
|  |
| **IMPORTANT: Before you submit this form, check that you have provided true and correct information.**  |
| **CONTACT FOR THIS APPLICATION** |
| Who should Consumer Protection contact if there is a query about this application form? |
| □ | The applicant (submitter) |
| □ | Another person ⯈ Provide the contact’s details below: |
| Title | □ Mr □ Mrs □ Ms □ Miss □ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  | Surname |  |
|  |
| Address *(Street or PO)* |  |
|  |
| Suburb |  | State |  | Postcode |  |
|  |
| Email |  | Telephone |  |
|  |