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| A close-up of a sign  AI-generated content may be incorrect.A logo with a green umbrella  AI-generated content may be incorrect. |
| **STCMTMEM** | This form is effective from 1 July 2025 |
| **Certificate and statement of a committee member form to accompany Form 5** |
| *Associations Incorporation Act 2015 s 30* |
| **OFFICE USE ONLY** |
|  |
| **INSTRUCTIONS:****Only complete this statement if the person lodging a Form 5 – notice of Special Resolution to change rules is not a member of the incorporated association’s management committee** |
|  |
|  | Name of incorporated association |  |
|  |  |  |
|  | Incorporated Associations Registration Number (IARN)  |  |
|  |  | *(If you do not know the number search for it using* [*AssociationsOnline*](http://www.commerce.wa.gov.au/associationsonline)*)* |  |
|  |  |  |
|   | Date of the general meeting where a special resolution to change the rules was passed: |  |  |
|  |  | (dd/mm/yyyy) |  |
|  | **DECLARATION** |  |  |
|  | I hereby certify that: |  |
|  | [ ]  | I am a duly elected member of the management committee of the incorporated association named above. |  |
|  | [ ]  | I confirm that the following person is authorised to prepare and lodge the Notice of Special Resolution to change the rules on behalf of the incorporated association: |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | **(insert full name of authorised person)** |  |
|  | [ ]  | The alterations to the rules covered in the “Form 5 - Notice of Special Resolution to Change rules” form was passed by members at a general meeting convened in accordance with the association’s rules and the requirements of the *Associations Incorporation Act 2015..* |  |
|  | [ ]  | The information provided in the accompanying “Form 5 – Notice of Special Resolution to Change rules” form is, to the best of my knowledge and belief, true and correct. |  |
|  | **Signature**  |  | **Date signed** |  |
|  |  |  |  |  |
|  | **Full name of committee member signing this form** |  |
|  |  |  |
|  | **Position held**  |  |
|  |  |  |
|  | **Daytime telephone number** |  | **Email** |  |
|  |  |  |  |  |
|  |  |  |  |  |