



# APPLICATION TO INCORPORATE AN ASSOCIATION – FORM A1

Associations Incorporation Act 1991 Associations Incorporation Regulation 1991

#### **PURPOSE**

This form is to be used when an association wishes to incorporate under the *Associations Incorporation Act 1991* (the Act). You can access the legislation at <a href="https://www.legislation.act.gov.au">www.legislation.act.gov.au</a>. You may also obtain further information and forms at <a href="https://www.act.gov.au/accesscbr">www.act.gov.au/accesscbr</a>.

#### **PRIVACY**

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of issuing a registration under the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General provides identifiable information to law enforcement and other organisations that have legal authority to request information under prescribed circumstances.

#### INSTRUCTIONS FOR COMPLETION

- If competing by hand, please print; ensuring writing is clear and legible.
- This office will not accept lodgement of this form if it is not completed in full.
- Contact Access Canberra for payment options.
- Please retain your receipt as evidence of payment.

#### **IMPORTANT INFORMATION**

- The incorporation of an association creates a legal entity, under the management of the committee members. The committee members are held accountable for ensuring that the association operates in compliance with applicable laws including the Act and the Associations Incorporation Regulation 1991 (the Regulation).
- The public officer is responsible for acting as a point of contact between the association and the community and is expected to be able to represent the association in dealings with Access Canberra.
- The Act prohibits any person from serving as a committee member or the public officer if that person is insolvent or bankrupt, without leave from the ACT Supreme Court under S 63 of the Act. A search should be conducted of the records held by the Australian Financial Security Authority (AFSA) at <a href="https://www.afsa.gov.au">www.afsa.gov.au</a> before accepting the nomination of a person as a committee member.
- If the association, the public officer or a committee member fails to meet their statutory obligations under the Act (such as failure to lodge annual returns), the Registrar-General may make an application to the ACT Civil and Administrative Tribunal (ACAT) for the disqualification of the office-holder. The disqualification will be for a period the ACAT considers appropriate if satisfied that the extent of noncompliance justifies disqualification.

#### LODGEMENT AND CONTACT INFORMATION

Email:Post:In Person:accesscanberra.bil@act.gov.auAccess CanberraPlease visit

accesscanberra.bil@act.gov.auAccess CanberraPlease visitGeneral Enquiries:Business and Industry Licensingwww.act.gov.au/accesscbr(02) 6207 3000GPO Box 158Or call 132281 to find anFax Number:Canberra, ACT 2601Access Canberra Service Centre

(02) 6207 0424

#### TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.





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Associations Incorporation Act 1991 Association Incorporation Regulation 1991

| 1. NAME OF ASSOCIATION   |                      |        | ASSOCIATION NUMBER (office use |           | Α0       |  |
|--|----------------------|--------|--------------------------------|-----------|----------|--|
|  |                      |        | TOTAL                          |           |          |  |
|  |                      |        | MEMBER                         | S         |          |  |
| 2. ADDRESS OF REGISTERED OFFICE OF ASSOCIATION  An association is not required to have a registered office. If a registered office is established it must be located at a physical address in the ACT and be open for at least 3 consecutive hours between 9.00 am and 5.00 pm Monday to Friday (excluding public holidays). |                      |        | OFFICE HOURS                   |           |          |  |
|  |                      | FRO    | M:                             |           | то:      |  |
|  |                      | STA    | TE / TERRITO                   | DRY       | POSTCODE |  |
|  |                      |        | ACT                            |           |          |  |
| 3. PREFERRED POSTAL ADDRESS OF ASSOCIATION   |                      |        |                                |           |          |  |
|  |                      |        |                                |           |          |  |
|  |                      | STA    | TE / TERRIT                    | ORY       | POSTCODE |  |
|  |                      |        |                                |           |          |  |
| 4. EMAIL ADDRESS OF ASSOCIATION (if any)   |                      |        |                                |           |          |  |
| 5. APPLICANT DETAILS (Person authorised under S 16 to apply for in   | corporation - must l | be ove | er 18 and reside               | in the AC | CT)      |  |
| TITLE (Mr, Ms) GIVEN NAMES   | SURNAME              |        |                                |           |          |  |
|  |                      |        |                                |           |          |  |
| HOME ADDRESS (Property Name, Unit, Flat No, Street Number, Street Nam  | e)                   |        |                                |           |          |  |
|  |                      |        |                                |           |          |  |
| CITY / SUBURB / TOWN   | STATE / TERRITORY    |        | •                              | POSTC     | ODE      |  |
|  | ACT                  |        |                                |           |          |  |
| POSTAL ADDRESS (If different to home address)  |                      |        |                                |           |          |  |
|  |                      |        |                                |           |          |  |
| CITY/ SUBURB/ TOWN   | STATE / TERRIT       | TORY   | '                              | POSTC     | ODE      |  |
|  |                      |        |                                |           |          |  |
| TELEPHONE NUMBER   | EMAIL ADDRES         | SS     |                                |           |          |  |
| ( )  |                      |        |                                |           |          |  |

| 6. NAME AND ADDRESS OF INAUGURAL PUBLIC OFFICER  |                             |                                   |  |  |
|--|-----------------------------|-----------------------------------|--|--|
| (The public officer must be an ACT resident aged 18 years or older. If you do not want your residential address on the public record, please list an alternative address in the ACT)   |                             |                                   |  |  |
| TITLE (Mr, Ms) GIVEN NAMES   | SURNAME                     |                                   |  |  |
|  |                             |                                   |  |  |
| HOME ADDRESS (Property Name, Unit, Flat No, Street Number, Street Nam  | ne)                         |                                   |  |  |
|  |                             |                                   |  |  |
| CITY / SUBURB / TOWN   | STATE / TERRITORY           | POSTCODE                          |  |  |
|  | ACT                         |                                   |  |  |
| HOME TELEPHONE NUMBER  | MOBILE TELEPHONE NUMBER     |                                   |  |  |
| ( )  |                             |                                   |  |  |
| WORK TELEPHONE NUMBER  | EMAIL ADDRESS               |                                   |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
| 7. OBJECTS AND PURPOSES (AIMS AND OBJECTIVES   | ) OF THE ASSOCIATION (If in | sufficient space attach annexure) |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
|  |                             |                                   |  |  |
| 8. INAUGURAL RULES OF THE ASSOCIATION (select one)   |                             |                                   |  |  |
| Tick this box if the association has adopted the model rules from the <i>Associations Incorporation Regulation 1991</i> . The model rules cannot be altered. Under the model rules the committee has 7 positions, these being: President, Vice-President, Secretary, Treasurer, and 3 Ordinary Committee Members. It is not necessary to attach a copy of the model rules.   |                             |                                   |  |  |
| Select this option and tick the box if the association has drawn up and adopted its own set of rules rather than the model rules. A full copy of the rules must be attached to this form together with the completed constitution/rules checklist (which can be found at <a href="www.act.gov.au/accesscbr">www.act.gov.au/accesscbr</a> ). The inaugural committee is responsible for ensuring that the rules are complete and comply with the <i>Associations Incorporation Act 1991</i> . |                             |                                   |  |  |
| 9. DEEDS AND TRUSTS  |                             |                                   |  |  |

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Tick this box if any legal, financial or property deeds or trusts exist which affect this association. A copy of each legal,

financial or property deeds or trusts which affect this association must be attached.

| 10. INAUGURAL COMMITTEE DETAILS (If more than 7 committee members please copy this page. If you do not want your residential address on the pubic record, please provide an alternative address which can be a PO box)) |                   |            |         |       |
|---|-------------------|------------|---------|-------|
| COMMITTEE POSITION  | TITLE<br>(Mr, Ms) | GIVEN NAME | SURNAME | EMAIL |
|   |                   |            |         |       |
| ADDRESS   |                   |            |         |       |
|   |                   |            |         |       |
| COMMITTEE POSITION  | TITLE<br>(Mr, Ms) | GIVEN NAME | SURNAME | EMAIL |
|   |                   |            |         |       |
| ADDRESS   |                   |            |         |       |
|   |                   |            |         |       |
| COMMITTEE POSITION  | TITLE<br>(Mr, Ms) | GIVEN NAME | SURNAME | EMAIL |
|   |                   |            |         |       |
| ADDRESS   |                   |            |         |       |
|   |                   |            |         |       |
| COMMITTEE POSITION  | TITLE<br>(Mr, Ms) | GIVEN NAME | SURNAME | EMAIL |
|   |                   |            |         |       |
| ADDRESS   |                   |            |         |       |
|   |                   |            |         |       |
| COMMITTEE POSITION  | TITLE<br>(Mr, Ms) | GIVEN NAME | SURNAME | EMAIL |
|   |                   |            |         |       |
| ADDRESS   |                   |            |         |       |
|   |                   |            |         |       |
| COMMITTEE POSITION  | TITLE<br>(Mr, Ms) | GIVEN NAME | SURNAME | EMAIL |
|   |                   |            |         |       |
| ADDRESS   |                   |            |         |       |
|   |                   |            |         |       |
| COMMITTEE POSITION  | TITLE<br>(Mr, Ms) | GIVEN NAME | SURNAME | EMAIL |
|   |                   |            |         |       |
| ADDRESS   |                   |            |         |       |
|   |                   |            |         |       |

### 11. CHECKLIST OF ATTACHMENTS

| ATTACHED  |     |      |  |  |
|---|-----|------|--|--|
| If applicable, a copy of the association's constitution/rules. It is not necessary to attach a copy of the model rules If they have been adopted by the association.          | Yes | ☐ No |  |  |
| If applicable, the completed Constitution/Rules checklist on pages 5 and 6 of the application (must be completed if the association proposes to operate under its own rules). | Yes | ☐ No |  |  |
| If applicable, a certified copy of each legal, financial or property deeds or trusts which affect this association.   | Yes | ☐ No |  |  |
| If applicable, an annexure of the objects and purposes of the association.  | Yes | □No  |  |  |
| 12. APPLICANT STATEMENT   |     |      |  |  |
| I,  |     |      |  |  |
| Name: Date:   | / / |      |  |  |
| OFFICE USE ONLY   |     |      |  |  |
| Date Lodged   |     |      |  |  |

# ASSOCIATION CONSTITUTION/RULES CHECKLIST

# This check list is not applicable if the assocaition is adopting the model rules.

Under Schedule 1 of the Associations Incorporation Act 1991, matters to be provided for in the rules of the association, other than the model rules should be clearly identified.

Please indicate where the following matters are addressed within the association's constitution/rules. Please note that every criteria listed below is required to be included within the association's rules and should indicate the specific clause reference.

| 1. Membership Qualifications   | Clause<br>No. |
|--|---------------|
| State any qualification that is a prerequisite to being admitted to membership of the association. |               |

| 2. Fees and Subscriptions   | Clause<br>No. |
|---|---------------|
| State the amount of any entrance fee, subscription or other charge payable by members of the association. |               |

| 3. Members' Liability  | Clause<br>No. |
|--|---------------|
| State the liability (if any) of members of the association to contribute towards payment of the debts and liabilities of the association or the costs, charges and expenses of winding-up the association. |               |

| 4. Discipline |    | Clause<br>No.   |  |
|---------------|----|---|--|
| State -       | a) | The procedure (if any) for disciplining members;  |  |
|               | b) | The way (if any) in which a member may appeal in respect of any disciplinary action taken against the member; and,  |  |
|               | c) | The way (if any) in which a member may make representations to, or appear before, the association or its delegate, in relation to any charge made against the member. |  |

| 5. Coi | mmittee of   | the Association  | Clause<br>No. |
|--------|--|--|---------------|
| 1)     | State the name, constitution and powers of the committee of the association. |  |               |
| 2)     | Make prov  | ision for the following matters in relation to the committee:                                |               |
|        | a)   | The election or appointment of members of the committee;                                     |               |
|        | b)   | The term of office of members of the committee;  |               |
|        | c)   | Any grounds on which the office of a member of the committee is taken to have become vacant; |               |
|        | d)   | The manner of filling a casual vacancy in the office of a committee member;                  |               |
|        | e)   | The number of members that constitute a quorum at a meeting of the committee; and,           |               |
|        | f)   | The procedure to be followed at a meeting of the committee.                                  |               |

| 6. General Meetings  | Clause<br>No. |
|--|---------------|
| Make provision for the following matters in relation to general meetings of the association: |               |

| a) | The frequency with which general meetings of the association are to be convened;  |  |
|----|---|--|
| b) | The way in which general meetings and special meetings of the association are to be convened;   |  |
| c) | The procedure to be followed at a general meeting of the association;   |  |
| d) | The number of members that constitutes a quorum at a general meeting of the association;  |  |
| e) | Whether or not members of the association are entitled to vote by proxy at a general meeting; and,  |  |
| f) | The time within which and the manner in which notices of general meetings and notices of motion are to be given, published or circulated. |  |

| 7. Financial Year   | Clause<br>No. |  |
|---|---------------|--|
| State the date when the financial year of the association ends. |               |  |

| 8. F | Funds   | Clause |
|------|---|--------|
|      |   | No.    |
| 1)   | State the source from which the funds of the association are to be or may be derived.   |        |
| 2)   | State the way in which the funds of the association are to be managed and, in particular, the mode of drawing and signing cheques on behalf of the association. |        |

| 9. Common Seal   | Clause<br>No. |
|--|---------------|
| Provide for the custody and use of the common seal of the association. |               |

| 10. Custody of Books and Documents   | Clause<br>No. |
|--|---------------|
| Make provision for the custody of any books, documents or securities of the association. |               |

| 11. Inspection of Books and Documents   | Clause<br>No. |
|---|---------------|
| Provide for the inspection by members of any books or documents of the association. |               |

| 12. Gaming (if association holds a club licence)  | Clause<br>No. |
|---|---------------|
| Make provision for amendment of rules if directed by the ACT Gambling and Racing Commission, without a vote by members. |               |