

# Application to become an approved association

Use this form to apply to become an approved association for the purpose of conducting gaming activities in accordance with Regulation 42 of the Gaming Control (Community Gaming) Regulations 2006.

You can become an approved association without being an incorporated association. You have to submit a copy of your constitution with your application if you are not incorporated.

See become an approved association [webpage](#) for further information on applicant requirements.

Approved association details					
Approved association name					
Is the application incorporated? If yes, provide incorporation number below.					
Incorporation number					
Head office address					
Suburb		State		Postcode	
Is your postal address the same as above? If no, complete below.					
Postal address					
Suburb		State		Postcode	
Contact details					
Phone number		Mobile number			
Email address					
Do you agree to receive correspondence by email?					Yes / No
Principle place of business					
Is your principle place of business address the same as above?					Yes / No
If no, complete below.					
Business address					
Suburb		State		Postcode	
Phone number					
Email address		Mobile number			
Does the association use a business or trading name?					Yes / No
If yes, provide the business name, business number and website address below.					
Business name					
Business number		Website address			
Association details					
Number of members (including associates, social, country etc.					
Date of next annual general meeting					
State the objects and purposes of the association					

Public officer details				
Surname		Date of birth		
Given name/s				
Other name/s (if applicable)				
Residential address				
Suburb		State		Postcode
Is your postal address the same as above? If no, complete below.				
Postal address				
Suburb		State		Postcode
Contact details				
Phone number		Mobile number		
Email address				
Nominated person details				
Surname		Date of birth		
Given name/s				
Other name/s (if applicable)				
Residential address				
Suburb		State		Postcode
Is your postal address the same as above? If no, complete below.				
Postal address				
Suburb		State		Postcode
Contact details				
Phone number		Mobile number		
Email address				
Committee member (please photocopy and complete if more than four committee members)				
Surname		Date of birth		
Given name/s				
Other name/s (if applicable)				
Position held	President	Yes / No	Chairperson	Yes / No
	Vice president	Yes / No	Secretary	Yes / No
	Administrator	Yes / No	Treasurer	Yes / No
Postal address				
Suburb		State		Postcode
Phone number		Mobile number		
Email address				

Committee member (2)						
Surname				Date of birth		
Given name/s						
Other name/s (if applicable)						
Position held	President	Yes / No		Chairperson	Yes / No	
	Vice president	Yes / No		Secretary	Yes / No	
	Administrator	Yes / No		Treasurer	Yes / No	
Postal address						
Suburb				State		
Phone number				Mobile number		
Email address						
Committee member (3)						
Surname				Date of birth		
Given name/s						
Other name/s (if applicable)						
Position held	President	Yes / No		Chairperson	Yes / No	
	Vice president	Yes / No		Secretary	Yes / No	
	Administrator	Yes / No		Treasurer	Yes / No	
Postal address						
Suburb				State		
Phone number				Mobile number		
Email address						
Committee member (4)						
Surname				Date of birth		
Given name/s						
Other name/s (if applicable)						
Position held	President	Yes / No		Chairperson	Yes / No	
	Vice president	Yes / No		Secretary	Yes / No	
	Administrator	Yes / No		Treasurer	Yes / No	
Postal address						
Suburb				State		
Phone number				Mobile number		
Email address						

Public officer declaration			
I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> <li>All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and</li> <li>I have read and understood the information contained in this application; and</li> <li>The declaration is true and correct; and</li> <li>I know that it is an offence to make a declaration that is false in any material particular.</li> </ul>			
This declaration is made at (location)		on (date)	
Public officer signature			
<p><b>Note:</b> Under the <i>Oaths, Affidavits and Declarations Act 2010</i> a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.</p>			
Supporting documents checklist			
Copy of the Constitution (if Association is not incorporated Under the <i>Associations Act 2003</i> .)			Yes / No
Application complete and declaration signed			Yes / No
Privacy statement			
The Northern Territory Government complies with the Information Privacy Principles scheduled by the <i>Information Act 2002</i> .			
Disclaimer			
<p>The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the <i>Northern Territory Information Act 2002</i>.</p> <p>You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.</p> <p>The information you provide will be accessible to Occupational Licensing and Associations and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.</p> <p>You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the <i>Northern Territory Information Act 2002</i>, or the Office of the Information Commissioner NT.</p>			
Lodgement			
Complete applications can be lodged in person, email or via post at a Territory Business Centre below:			
Darwin	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah		
Katherine	Big Rivers Government Centre, 5 First Street, Katherine		
Tennant Creek	Shop 2, Barkly House, Cnr Davidson and Paterson Streets, Tennant Creek		
Alice Springs	Ground Floor, The Green Well Building, 50 Bath Street Alice Springs		
1800 193 111	<a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	GPO Box 9800 Darwin NT 0801	

**Payment details**

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Payment date	Receipt number	Amount paid
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