Application for incorporation of an association

Use this form to become an incorporated association in accordance with Section 8 of the <u>Associations Act</u> 2003. See the incorporated association's webpage for further information and the prescribed fee.

Applicant details						
Proposed association	n name:					
Do you agree to rec	eive corres	pondence via email?			Yes / No	
Association head of	fice					
Address:						
Suburb:			State:	Postcode:		
Is your postal addre	ss the same	e as above? If no, comp	lete below:			
Postal address:						
Suburb:			State:	Postcode:		
Contact details						
Phone number:			Mobile number	:		
Email address:						
Principle place of b	usiness					
Is your principle pla	ce of busin	ess address the same a	s above? If no, c	omplete below:		
Address:						
Suburb:			State:	Postcode:		
Does the associatio	n intend to	use a business or tradi	ng name?		Yes / No	
If yes, provide busin	ess name,	business number and w	ebsite			
Business name:						
Business number:						
Website address:						
End of financial yea	r details					
Date (MM/YY):						
Association details						
Number of member	s:					
Is the Association formed for the purpose of trading or securing a pecuniary profit to its members? Yes / No						
If yes, provide detai	ls below					
The proposed const	itution is:	Model constitution	Yes / No	Own constitution Ye	es / No	
Principle activity:						
Association approved by Minister Yes / No Environment, Development, Housing				Yes / No		
Culture, Religion		Yes / No	Education	Yes / No		
Literature, Art, Scie	nce, Resear	ch Yes / No	Social Services	Yes / No		
Recreation, Sport		Yes / No	Health		Yes / No	
Trading Association	Frading Association Yes / No					



Public officer details					
Surname:				Date of birth:	
Given name/s:					
Other names: (if appl	licable)				
Residential address:					
Suburb:			State:	Postcode	e:
Is your postal addres	s the same as abo	ve? If no, com	plete below:		
Postal address:					
Suburb:			State:	Postcode	e:
Contact details					
Phone number:			Mobile number:		
Email address:					
Public officer declara	ation				
I, (full name):					
Of (address):					
 Being the public officer/committee member, solemnly and sincerely declare that: I have been appointed the public officer for this association and 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 I have read and understood the information contained in this application; and The declaration is true and correct; and I know that it is an offence to make a declaration that is false in any material particular. 					
This declaration is ma	ade at: (location)			on: (date)	
Public officer/Comm	ittee member sigr	nature:			
Note: Under the <i>Oaths</i> , <i>Affidavits and Declarations</i> Act 2010 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.

Committee members	5					
Complete the following sections for each committee member of the Association. If more entries are required, photocopy and complete the following sections for each member.						
Committee member	details					
Surname:					Date of birth:	
Given name/s:						
Other names: (if appl	licable)					
Position held:						
President/ Chairpers	on Yes / No	Principal Executive	Officer	Yes / No	Public Off	icer Yes / No
Secretary	Yes / No	Committee member	er	Yes / No	Treasurer	Yes / No
Postal address:						
Suburb:			State:		Postcode	e:
Phone number:		Mo	oile numb	er:		·
Email address:						
Disclosures						
Have you ever been arrested, charged, convicted or summoned for an offence - excluding spend convictions? Yes / No						
If yes, please comple	te below:					
Have you ever been a defendant in a civil lawsuit for breach of duty of care? Yes / No						
If yes, please complete below:						
Have you ever been the subject of any action pursuant to the provisions of bankruptcy legislation?				Yes / No		
If yes, please comple	te below:					

Committee member	declaration
I, (full name):	
Of (address):	

Solemnly and sincerely declare that:

- All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths*, *Affidavits and Declarations Act 2010*; and
- I have read and understood the information contained in this application; and
- The declaration is true and correct; and
- I know that it is an offence to make a declaration that is false in any material particular.

This declaration is made at: (location)	on: (date)	
Committee member signature:		

Note: Under the *Oaths*, *Affidavits and Declarations Act 2010* 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.

Supporting documents checklist	
Prescribed application fee – See the <u>incorporated association's</u> page for current fee.	
Statutory declaration and constitution of the new association attached	Yes / No
Copy of minutes of formation meeting attached	
Completed and signed public officer declaration attached	
Completed and signed committee member declaration attached	Yes / No

Privacy statement

The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act* 2002.

Disclaimer

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 *Northern Territory Information Act* 2002.

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.

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.

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 Northern Territory Information Act 2002, or the Office of the Information Commissioner NT.

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:	Barkly Business Hub, 63 Haddock Street, Tennant Creek			
Alice Springs:	Ground Floor, The Greenwell Building, 50 Bath Street Alice Springs			
1800 193 111	territorybusinesscentre@nt.gov.au GPO Box 9800 Darwin NT 0801	1		

Payment

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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