



**ACT**  
Government

Justice and Community Safety

## APPLICATION TO INCORPORATE AN ASSOCIATION – FORM A1

*Associations Incorporation Act 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 [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://www.ors.act.gov.au).

### PRIVACY

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of registering an association under Division 3.1 of the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Registrar-General provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

### CONTACT

Office of Regulatory Services Shopfront  
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 3000

Office of Regulatory Services Postal Address  
GPO Box 158, Canberra City ACT 2601

Website [www.ors.act.gov.au](http://www.ors.act.gov.au) Email [ors.bil@act.gov.au](mailto:ors.bil@act.gov.au)

Fax Number (02) 6207 0424

### INSTRUCTIONS FOR COMPLETION

- Complete this form using a black pen only.
- Please print; ensuring writing is clear and legible.
- This office will not accept lodgement of this form if it is not completed in full.
- Payment can be made by cheque, postal order, credit card (visa or mastercard), cash or eftpos. We are unable to accept credit card payment over the phone or provide invoices for later payment. Where a fee is applicable we cannot process a lodgement unless accompanied by payment.
- 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 the Office of Regulatory Services.
- 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 Insolvency and Trustee Service Australia (ITSA) 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.

### 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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<b>1. NAME OF ASSOCIATION</b>	<b>ASSOCIATION NUMBER</b> (office use only)	<b>A0</b>
	<b>TOTAL MEMBERS</b>	

<b>2. ADDRESS OF REGISTERED OFFICE OF ASSOCIATION</b> (optional)	<b>OFFICE HOURS</b>	
	FROM:	TO:
	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>

<b>3. PREFERRED POSTAL ADDRESS OF ASSOCIATION</b>		
	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>

<b>4. APPLICANT DETAILS</b> (Person authorised under S 16 to apply for incorporation - must be over 18 and reside in the ACT)
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<b>TITLE</b> ( <i>Mr, Ms</i> )	<b>GIVEN NAMES</b>	<b>SURNAME</b>
<b>HOME ADDRESS</b> ( <i>Property Name, Unit, Flat No, Street Number, Street Name</i> )		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>POSTAL ADDRESS</b> ( <i>If different to home address</i> )		
<b>CITY/ SUBURB/ TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>	
( )		

**5. INAUGURAL PUBLIC OFFICER DETAILS**

TITLE <i>(Mr, Ms)</i>	GIVEN NAMES	SURNAME
<b>HOME ADDRESS</b> <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>HOME TELEPHONE NUMBER</b>	<b>MOBILE TELEPHONE NUMBER</b>	
( )		
<b>WORK TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>	

**6. OBJECTS AND PURPOSES (AIMS AND OBJECTIVES) OF THE ASSOCIATION** *(If insufficient space attach annexure)*


**7. INAUGURAL RULES OF THE ASSOCIATION** *(select one)*

<p>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.</p>	
<p>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="http://www.ors.act.gov.au">www.ors.act.gov.au</a>). The inaugural committee is responsible for ensuring that the rules are complete and comply with the <i>Associations Incorporation Act 1991</i>.</p>	

**8. DEEDS AND TRUSTS**

<p>Tick this box if any legal, financial or property deeds or trusts exist which affect this association. A certified copy of each legal, financial or property deeds or trusts which affect this association must be attached.</p>	
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**9. INAUGURAL COMMITTEE DETAILS** *(If more than 7 committee members please copy this page)*

COMMITTEE POSITION	TITLE <i>(Mr, Ms)</i>	GIVEN NAMES	SURNAME
ADDRESS			

COMMITTEE POSITION	TITLE <i>(Mr, Ms)</i>	GIVEN NAMES	SURNAME
ADDRESS			

COMMITTEE POSITION	TITLE <i>(Mr, Ms)</i>	GIVEN NAMES	SURNAME
ADDRESS			

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ADDRESS			

COMMITTEE POSITION	TITLE <i>(Mr, Ms)</i>	GIVEN NAMES	SURNAME
ADDRESS			

## 10. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, a completed copy of the constitution/rules checklist.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, a certified copy of each legal, financial or property deeds or trusts which affect this association.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, an annexure of the objects and purposes of the association.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. APPLICANT STATEMENT

I, \_\_\_\_\_, confirm that the particulars shown on this form are true and correct and that I have been authorised under Section 16 of the *Associations Incorporation Act 1991* to apply for incorporation of this association. I have read the Privacy statement and important information on the front of this form.

Signature:

Name:

Date:     /     /