



ACT
Government

Justice and Community Safety

APPLICATION TO AMALGAMATE ASSOCIATIONS – FORM A2

Associations Incorporation Act 1991

Associations Incorporation Regulation 1991

PURPOSE

This form is to be used when an association submits an application to amalgamate associations under the *Associations Incorporation Act 1991* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at 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 ACT 2601

Website www.ors.act.gov.au Email 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 amalgamation/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 bankrupt or personally insolvent, unless the ACT Supreme Court grants leave under S 63 of the Act. A search should be conducted of the records held by the Insolvency and Trustee Service Australia (ITSA) at www.itsa.gov.au/ 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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NEW ASSOCIATION NUMBER
(Office Use Only)

A0

NOTE: THIS FORM IS USED TO APPLY FOR THE AMALGAMATION OF ASSOCIATIONS INCORPORATED UNDER THE ASSOCIATIONS INCORPORATION ACT 1991. AN INCORPORATED ASSOCIATION CANNOT APPLY TO AMALGAMATE WITH ANY ORGANISATION OTHER THAN ANOTHER ASSOCIATION INCORPORATED UNDER THE ACT.

1. AMALGAMATING ASSOCIATIONS	ASSOCIATION NUMBER
A)	A0
B)	A0
C)	A0

2. APPLICANTS AUTHORISED ON BEHALF OF AMALGAMATING ASSOCIATIONS
A)
B)
C)

3. NAME OF NEW ASSOCIATION TO BE FORMED BY THE AMALGAMATION

4. PREFERRED POSTAL ADDRESS OF THE AMALGAMATED ASSOCIATION		
	STATE / TERRITORY	POSTCODE

5. REGISTERED OFFICE OF ASSOCIATION		
(If any - 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).)		
ADDRESS	OFFICE HOURS	
	FROM:	TO:
	STATE/TERRITORY	POSTCODE
	ACT	

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

7. REGISTER OF MEMBERS

ADDRESS IN THE ACT AT WHICH THE REGISTER OF MEMBERS MAY BE VIEWED	NUMBER OF CURRENT MEMBERS	
	STATE / TERRITORY	POSTCODE

8. INAUGURAL RULES OF THE ASSOCIATION

Has the association adopted the Model rules from the <i>Association Incorporation Regulation 1991</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the association drawn up and adopted its own set of rules in place of adopting the model rules?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. DEEDS AND TRUSTS

Do any legal, financial or property deed or trusts exist which affect this association? If yes, a certified copy of each legal, financial or property deed or trust document which affects this association must be attached.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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10. NAME AND ADDRESS OF EACH CURRENT COMMITTEE MEMBER

(The committee listed should be those elected as a result of the AGM. If you do not want your residential address on the public record, please provide an alternative address which can include a PO box)

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

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

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

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

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

11. STATEMENT BY APPLICANTS

(Must be completed by the authorised applicants of the amalgamating associations and the inaugural Public Officer)

I confirm the particulars shown on this form and the accompanying documents are true and correct, that I have been authorised to apply for the amalgamation of the associations identified in Item 1, and that the associations have passed a special resolution in line with S.26(1) and S.70 of the Act, agreeing to the amalgamation. I have read the 'Privacy Statement' and 'Important information' listed on the front page.

_____		_____	
Signature		Print name, Position	
_____		_____	
Signature		Print name, Position	
_____		_____	
Public Officer Signature		Print name	