

APPLICATION FORM

Incorporated Association (Qld)

Please read the following before completing the application form.

This application form relates to incorporated association in Queensland. Please note that each state has its own legislation for incorporated associations.

The checklist outlines matters to consider before deciding to incorporate the association.

By completing and submitting the application you confirm as follows:

1. you have considered the items listed in the checklist; and
2. the information provided is correct.

If you have any questions about completing the application form please contact:

Christopher Davis

Principal

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Special Counsel

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CHECKLIST

Please note that if the answer to any the following questions is No, then we will be unable to incorporate the association under the *Associations Incorporation Act 1981* (Qld).

- | | | |
|--|-----|----|
| 1. Does the association have 7 or more members? | Yes | No |
| 2. Is the association a non-profit association?
(i.e. it does not provide a financial gain to its members) | Yes | No |
| 3. Is the association not already incorporated under either of the <i>Industrial Relations Act 1999</i> (Qld) or the <i>Education (General Provisions) Act 2006</i> (Qld)? | Yes | No |
| 4. Does the association have a physical address in Queensland? | Yes | No |
| 5. Does the association have existing rules? | Yes | No |
| 6. If not, does the association wish to adopt the model rules published by the Office of Fair Trading ? | Yes | No |

By completing and submitting the form you confirm as follows:

- a. It is the purchaser's responsibility to ensure that the information supplied is correct.
- b. If new documents have to be prepared as a result of errors in the information a further fee will be payable.

Please ensure you complete all details below, and contact us with any questions you have prior to submitting the form.

AGENT / PURCHASER'S DETAILS

Full name

Name of firm (if applicable)

Email address

Telephone number Fax number

Street Address

Suburb/City State Postcode

Postal Address
(if different from above)

Suburb/City State Postcode

ASSOCIATION DETAILS AND STRUCTURE

Current Name of Association

ABN (if any)

Proposed Name of Incorporated Association
(must have 'Incorporated' or 'Inc.' at the end)

Alternate Name of Association

Name of Parent Association (if applicable)

Date of commencement of the Association

End date of each financial year

Number of members

Postal address

State Postcode

Address for service of documents
(if different from above)

State Postcode

PRESIDENT

Full Name(s)

Surname

Former name(s) (if any)

Address

State

Postcode

TREASURER

Full Name(s)

Surname

Former name(s) (if any)

Address

State

Postcode

SECRETARY

Full Name(s)

Surname

Former name(s) (if any)

Address

State

Postcode

Other committee members

Full Name(s)

Surname

Former name(s) (if any)

Address

State

Postcode

Full Name(s)

Surname

Former name(s) (if any)

Address

State

Postcode

Full Name(s)

Surname

Former name(s) (if any)

Address

State

Postcode

Full Name(s)

Surname

Former name(s) (if any)

Address

State

Postcode

OBJECTS

The objects for which the association is established are:

MEMBERS

Include the details of classes of membership other than ordinary members (if any).

Member 1

Name of class

Number of members in class

Eligibility criteria

Limitations on rights (if any)

Member 2

Name of class

Number of Members in class

Eligibility Criteria

Limitations on rights (if any)

Member 3

Name of class

Number of Members in class

Eligibility Criteria

Limitations on rights (if any)

INTERESTS IN LAND

Does the association own or lease land or hold an interest in land? Yes No

Is the association a trustee of trust land under the *Land Act 1994* (Qld)? Yes No

If yes to one or both of the above, please provide details of the land:

RETURNING THIS FORM

After completing this form please either:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 2921; or
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwonline@mcw.com.au; or

To print this form for signing click here:

To email this form to McInnes Wilson Lawyers, after confirming instructions below, click here:

CONFIRMATION OF INSTRUCTIONS

By signing or checking the box below the purchaser agrees to purchase the goods and services indicated on this application form and acknowledges that legal or financial advice has not been given by McInnes Wilson Lawyer in relation to the preparation of the relevant documents(s).

Signed by purchaser

Date (dd/mm/yy)

OR

Confirmed by purchaser

Date (dd/mm/yy)

Note: This application form will not be processed by McInnes Wilson Lawyers unless this section is completed.

CREDIT CARD PAYMENTS

Please debit the following credit card for the supply of goods and services indicated on this application form.

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA, and MasterCard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Credit card:

Visa MasterCard American Express

Total Remitted \$

Expiry date

plus credit card fee specified above

Cardholder's Name

Card Number

Cardholder's Signature

Date