

Order form: Incorporation of a Victorian Association

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Delivery

Required delivery date

 ASAP

 Specific date:

 / /

Delivery address

Street address preferred

 Firm address (listed above)

 Other address:

Payment

 Pay now

 Cheque

Please make cheques payable to: Castle Corporate Pty Ltd.

 Credit card
Please complete a [Credit Card Authorisation form](#) and return with this form.

 Bank deposit
Account details:
NAB, BSB: 083-419, Account: 66332-9114

Please provide reference you will use for direct deposit:

 Pay in 14 days with our [Enduring Credit Card Authorisation](#)
 Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date.

Declaration

By submitting this form to Castle Corporate Pty Ltd, in accordance with the *Corporations Act 2001 (C'th)*, I warrant and declare that all statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a director, secretary or shareholder (as relevant). I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

Name

 We automatically capitalise association names in our documentation. If you would like the name to appear exactly as you have entered it below, please tick the box to the left.

Proposed association name

2nd preference name
3rd preference name

It is suggested the name reflects the purpose of the association. The name you propose may not be accepted if it is similar or identical to an existing name. To check if your name already exists or is similar to another, you can search [ASIC's organisation and business names register](#). The name of an incorporated association must have the word 'incorporated' or the abbreviated 'Inc.' as the last word of its name.

Existing business name

 Yes*
 No

*Castle Corporate will contact you

Address

Registered office address
(street address only)
 Firm address
 Other:

Will the association
occupy this office?
 Yes
 No:

If No, please provide occupier's name:

Does the association have
a domain name/website?
 Yes
 No

If yes, please provide the website address

Governance

Will the association adopt Model Rules?

- Yes
 No – please note that Castle Legal will charge an additional fee to provide tailored rules.

What are the association's purposes?

This is generally a two to four sentence statement describing what the association hopes to achieve. List each purpose in a numbered paragraph in the box below. An example of a statement of purpose is:

1. To provide an opportunity for the youth of our area to participate in Australian Rules Football and enhance their health and wellbeing through organised sport.
2. To provide for the health, welfare and wellbeing of its players, supporters and spectators.

Will the association administer any trust accounts?

- No
 Yes – provide the names of all trusts relating to the association:

Financial information

What is the date of the association's financial year end?

- 30th June
 31st December
 different date (eg. 31 August)

/	/
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What is the estimated total value of revenue generated by the association in its first financial year?

\$

Will the association charge members either of the following fees?

Entrance fee

- No
 Yes – Fee amount:

\$

Annual subscription fee

- No
 Yes – Fee amount:

\$

Members

How many members does the association have at the time of completing this form?

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Must have 5 or more members.

Committee

Has the association committee been appointed?

- No
 Yes – if you would like registers completed, please provide details of members and committee members in the section titled 'Registers' on the next page.

Name of Secretary*?

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Address

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Date of birth

/	/
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Phone number
(include area code)

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Email address

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* The secretary must be at least 18 years of age, a resident in Australia and not bankrupt or a represented person under the *Guardianship and Administration Act 1986*.

Registers

Information for registers can be filled in on the following page.

Registers

List of committee members of incorporated association

The people specified below were admitted or elected as shown at a meeting held on:

/ /

1. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
2. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
3. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
4. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
5. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
6. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	

Additional information – Use this space to give any other information that may help us to complete your order.

A large, empty rectangular box with a thin black border, intended for providing additional information to complete an order.