



Form 8

Associations
Incorporation Act
(1987) ss.8(1), 10

(This form is not prescribed)

Enquiry as to Availability of Association Name

IMPORTANT – Please be advised that this enquiry will only confirm whether the name is available on the date of the advice to the applicant. Being advised that the name is available does NOT mean that you have formal approval use that name. You will need to apply for incorporation under that name if your association is not already incorporated, or else change the name of an existing association by special resolution and lodge a Notice of Special Resolution with the Department

Date Received	Job Number
This section is for Office Use only	

Enquiry Details

This enquiry is made for the purpose of confirming the availability of an association name for use with:
(please tick which option/s apply):

INCORPORATING a new association (*Form 1*)

CHANGING THE NAME of an incorporated association (*Form 5*)

If this request is in relation to changing an association's name, please specify the current name of the association:

	<input type="checkbox"/> Inc / <input type="checkbox"/> Incorporated
--	----------------------------------------------------------------------

Insert the intended name of the association, if it is available:

	<input type="checkbox"/> Inc / <input type="checkbox"/> Incorporated
--	----------------------------------------------------------------------

The main purpose of the Association:

--

Applicants Details & Declaration

I hereby certify that that the information provided on this form is true and correct

Signature Date

Title Mr Mrs Ms Miss Other: ▶ _____

Full Name:

Address:
 Post Code

Telephone: Mobile:

Fax: Email:

Preferred method of communication Email Post