

**MODEL
CONSUMER AFFAIRS
RULES
OF ASSOCIATION**

NO593507

FORM 1

ASSOCIATIONS INCORPORATION ACT 1984
(Section 9)

*Delete if not applicable

Registration No: Y

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(Full name in BLOCK letters)

(Usual residential address)

AUSTRALIAN COUNCIL FOR IMMUNIZATION INFORMATION

Incorporated

(Insert proposed name of association)

under the provisions of the Associations Incorporation Act 1984. (note 1)

* a proposed (new) association OR

*XXX

(insert name of unincorporated body)

The proposed name is currently reserved:

Reservation Number ND586044 - Expiry Date 6/1/95

(b) The principal place of administration of the proposed incorporated association will be: (note 2)

(c) The rules of the proposed incorporated association will be ~~the same as~~ the model rules (note 3)

3. The objects of the proposed incorporated association are: (note 4)

(a) To maintain and provide information relating to immunization & vaccination.

(b) To be a central source of information for public benefit.

(c) To ensure and assist community awareness as to immunization issues.

4. The principal activities of the association ~~are~~ are likely to be* (note 5)

(a) To provide counselling and support in relation to immunization issues.

(b) To provide a network between parents and health carers.

(c) To compile information and data and arrange distribution.

RETURN COMPLETED FORM TO:

Level 4, 175 Castlereagh Street, Sydney OR
P.O.Box 972 Parramatta NSW 2124

Enquiries (02) 2860009

Lodged by Maureen Wickman
Address C/- 233 Macquarie St
Sydney
Phone: (02) 232 8933

Lodged with the Commissioner
for Consumer Affairs on

Commissioner
s on 25/11/94