



NOTIFICATION FORM COMMUNITY ORGANISATION/GROUP

FORM 104

Date stamp

Part 1 Organisation/Group Details

Organisation/Group Name

Organisation Address (physical)

Postal Address

ABN (if applicable)

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Daytime Phone

Fax

Mobile

Email

Part 2 Primary Contact

Position held (eg President, Secretary, Treasurer)

Name

Phone

Mobile

Fax

Do you consent to your details being available to the public?

Yes

No

Email

Part 3 Secondary Contact

Position held (eg President, Secretary, Treasurer)

Name

Phone

Mobile

Fax

Do you consent to your details being available to the public?

Yes

No

Email

Part 4 Additional Contact

Position held (eg President, Secretary, Treasurer)

Name

Phone

Mobile

Fax

Do you consent to your details being available to the public?

Yes

No

Email

Part 5 Brief description of the Aims & Services of Organisation/Group

Part 6 Return form to

Shire of Dardanup
1 Council Drive/PO Box 7016
EATON WA 6232

Phone: (08) 9724 0000 Fax: (08) 9724 0091
Email: records@dardanup.wa.gov.au

Part 7 OFFICE USE ONLY

Updated on Synergy (Community Information/Bookings)

Officer Name

Updated on Council Website

Date