



Community Fundraising Application Form

To collect charitable funds at any of Perth City Musallah Association Inc premises, please kindly complete this application form. After completion, email to: admin@perthcitymusallah.org.au or post it to PCMA office, 3/101 Murray Street Perth WA 6000 at least **10 working days** before your proposed charitable appeal drive.

If you have a copy of your charitable collection license, please scan and attached to the form or attach it to the completed hard copy form and post it.

Disclaimer:-

Please be mindful, that Perth City Musallah Association Inc, reserves the right to grant or refuse any charitable fundraising activities on its premises.

Personal Information

Full name of individual representing the not- for-profit body, or incorporated association

Mr/Mrs/Dr _____

Home address or registered office address _____

Suburb _____

State _____
_____ Post Code _____

Mobile Phone No _____

Email address _____

Are you over the age of 18? (Yes) Or (No)

No fundraising is allowed for minors, unless authorised by parents or legal guardian.

Fundraising information

Fundraising is for the following purpose:

Please attach your organisation's latest bank statement or balance sheet to enable your organisation's application be processed. The financial information is dealt with confidentially. Your application will be rejected if no financial status information submitted with this application form.

Fundraising proposed date _____

Fund raising Target approx (\$) _____

Approx start and finish times _____

The final amount collected will be notified to Perth City Musallah Association Inc with a official receipt for tax purposes within **3 working days**

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Office Use Only:

Date application form received: _____ Application approved Yes or No (Please circle)

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Please confirm the following:

I have read and understood Perth City Musallah Association Inc community fund raising guideline and agreement and will adhere to it at all times . I confirm that my fundraising complies with relevant local bylaws or State and Federal legislation in regards to charitable fund raising and acknowledge that all personal information submitted for this application is true and correct. I acknowledge that Perth City Musallah Association Inc will only collect these for administration purposes in accordance with federal privacy legislation.

APPLICANT'S
SIGNATURE: _____

DATE: _____

IF under 18:

Legal Guardian's
name _____

Relationship to Minor _____

Signature _____

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Office Use Only:

Date application form received: _____ Application approved Yes or No
(Please circle)

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