**Strata Community Association (WA) Inc.**

**CONSENT TO ACT AS DIRECTOR / PUBLIC OFFICER / OFFICE BEARER**

FOR THE 36 MONTH PERIOD 17/09/2020

**FULL NAME (including title)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIRMATION:** I have read the Strata Community Association (WA) Inc. Board Confidentiality Policy approved by the SCA WA Board on 19 February 2019. I understand its provisions and hereby notify my consent to act as Director / Office Bearer for Strata Community Association (WA) Inc.

Date of Birth: …………………………………………………………………………..…………………..

Tax File Number: …………………………………………………………………………..…………………..

Position Held: …………………………………………………………………………..…………………..

*(i.e. director, public officer, or office bearer)*

Address : …………………………………………………………………………..…………………..

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**This information will only be used for ASIC and Australian Business Register. Should it need to be used for alternative purposes, you will be contacted in advance.**

Signed : ………………………………………………………………………………………………..

Dated : ………………………………………………………………………………………………..