



## UNIVERSITY CLUB BRANCH

To be completed by the President/Secretary and returned to the Secretariat within 14 days

**Fax:** (08) 6436 3399    **Email:** membership@waliberal.org.au

**DIVISION:** \_\_\_\_\_

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NO. ORDINARY MEMBERS:** \_\_\_\_\_

**MEETING:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

POSITION	NAME	MEMBER #
PRESIDENT		
IMMEDIATE PAST PRESIDENT		
SENIOR VICE PRESIDENT	1	
VICE PRESIDENT	2	
	3	
	4	
SECRETARY		
TREASURER		
COMMITTEE MEMBER	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
STATE CONFERENCE DELEGATE	1	
<i>1 delegate for the first 50 or part thereof of its Ordinary Members and one (1) additional delegate for each 50 or part thereof of its Ordinary Members in excess of 50 PROVIDED THAT the minimum age of any delegate shall be 18 years.</i>	2	
	3	
	4	
	5	
	6	
	7	
	8	
	8	
LA SELECTION COMMITTEE DELEGATE		
LC SELECTION COMMITTEE DELEGATE	1	
	2	

POSITION		NAME	MEMBER #
HOUSE OF REPRESENTATIVES SELECTION DELEGATE	1		
	2		
STATE COUNCIL DELEGATE <i>(MUST BE ORDINARY MEMBER)</i>			
WAULS DELEGATES	1		
<i>Delegates elected by University Club Branches at their annual general meeting, being 4 delegates from each Branch, with one additional delegate for each Branch, if the Branch's membership exceeds 50 members, for each additional 50 members or part hereof, calculated by the State Director as at a date 14 days prior to the meeting.</i>	2		
	3		
	4		
	5		
	5		

**EACH POSITION MUST BE FILLED. MOTIONS NOT ACCEPTED.**

MEETING CHAIRED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Attendance register attached?      Yes / No      (must be attached)

PRESIDENT/SECRETARY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please return this form to the Secretariat with your attendance register attached.

Post: PO Box 49 WEST PERTH WA 6872

Fax: (08) 6436 3399

Email: [membership@waliberal.org.au](mailto:membership@waliberal.org.au)