



BRANCH OFFICE BEARERS UPDATE FORM - AGM

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

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

BRANCH: _____

DATE: ____ / ____ / ____

DIVISION: _____

MEETING: _____

NO. FINANCIAL MEMBERS: _____

LOCATION: _____

POSITION		NAME	MEMBER #
PRESIDENT			
IMMEDIATE PAST PRESIDENT			
SENIOR VICE PRESIDENT	1		
VICE PRESIDENT	2		
	3		
	4		
	5		
SECRETARY			
TREASURER			
COMMITTEE MEMBER	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	DIVISIONAL COUNCIL DELEGATE	1	
	2		
DIVISIONAL CONFERENCE DELEGATE	1		
<i>5 delegates for up to 100 financial members and for each 50 financial members, or part thereof, in excess of 100 financial members, 1 delegate with a maximum delegation of 10.</i>	2		
	3		
	4		
	5		
	6		
	7		
	8		
	8		

POSITION		NAME	MEMBER #
STATE CONFERENCE DELEGATE <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>	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
LA SELECTION COMMITTEE DELEGATE <i>6 delegates for the first 50 or part thereof Ordinary Members. If the number of delegates shall exceed 50, that Branch shall be entitled to appoint, for each additional 25 or part of 25 Ordinary Members, an additional Ordinary Member as a delegate PROVIDED THAT the maximum number of Branch delegates appointed by any such Branch shall not exceed 12 Ordinary Members;</i> <i>for a Legislative Assembly Selection Committee, if there be only one (1) Branch wholly or partly within the electorate and having the majority of its Ordinary Members residing within the electorate or whose principal place of business or employment is within the electorate then that Branch may appoint 12 Ordinary Members as delegates to the Selection Committee;</i>	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
LC SELECTION COMMITTEE DELEGATE	1		
	2		
HOUSE OF REPRESENTATIVES SELECTION DELEGATE	1		
	2		
	3		
	4		

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

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