



Divisional Women's Committee Executive

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. FINANCIAL MEMBERS: _____

MEETING: _____

LOCATION: _____

POSITION		NAME	MEMBER #
PRESIDENT			
IMMEDIATE PAST PRESIDENT			
VICE PRESIDENT	1		
VICE PRESIDENT	2		
SECRETARY			
TREASURER			
DELEGATE TO LIBERAL WOMEN'S COUNCIL	1		
	2		
	3		
	4		
	5		

EACH POSITION MUST BE FILLED. MOTIONS NOT ACCEPTED.

MEETING CHAIRED BY: _____

SIGNATURE: _____

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

CHAIRMAN/SECRETARY: _____

SIGNATURE: _____

Please return this form to the President/Secretary with your attendance register attached. Post: PO Box 49 WEST PERTH WA 6872

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