



Divisional Young Liberal Committees

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

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 THE YOUNG LIBERAL MOVEMENT	1		
<i>Delegates to the Young Liberal Movement, calculated on the basis of one delegate for every 10 Members of the Divisional Young Liberal Committee as of the date of the Annual General Meeting at which they are elected.</i>	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		

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 Secretariat with your attendance register attached.

Post: PO Box 49 WEST PERTH WA 6872

Email: membership@waliberal.org.au