



Divisional Young Liberal Committees

To be completed by the Chairman/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 THE YOUNG LIBERAL MOVEMENT	1		
<i>Delegates to the Young Liberal Movement, calculated on the basis of one delegate for every 5 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

Fax: (08) 6436 3399

Email: membership@waliberal.org.au