

ASHS Meeting Attendance Registration Form

	SOCIETY DATE:			LOCATION:		
	NAME - (One name per line)	ASHS MEMBER NUMBER	FINANCIAL with ASHS YES or NO	Address Details	Email	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
14.						
PLEASE RETURN THIS LIST TO HEAD OFFICE WHEN SUBMITTING YOUR BRANCH ANNUAL RETURN.						

BRANCH NAME:



ASHS AGM Cover Page & Checklist

BRANCH NAME:	ABN:			
DATE:	LOCATION:	FINANCIAL YEAR		
Please √				
	Meeting Registration Form of	completed		
	Minutes of the AGM			
	Financial Statements			
		quivalent – NSW/QLD Form 12, VIC For Department of Fair Trading/Consumer		
	Current Branch ABN on all o	documents submitted		
	e Committee for the Full Finar mes and membership numbers)			
Position	Full Name	Member #		
President				
Vice President				
Secretary				
Treasurer				
Public Officer				
Committee Member				

State Management Council Delegates (2 only Per Branch)					
1.	Name	MS#			
2.	Name	MS#			
State Management Council Delegates - Reserves (2 only Per Branch)					
1.	Name	MS#			
2.	Name	MS#			
Branch Socia	I Media Platforms Administrators				
1.	Name	MS#			
2.	Name	MS#			
3.	Name	MS#			
Branch reque	est for ribbons (tick if applicable)				
Yes or No (Pls circle one)	The Branch requires 10 x Green & Gold Ribbons once AR finalised				

Branch Banking details for Electronic Funds Transfer

Bank:	Account name:
BSB No:	Account No:
Email Address: (for Remittance Advice	e) [,]

Annual Returns should be returned as soon as possible after the Branch AGM to:

Post: PO BOX 288, Scone, NSW, 2337

Fax: 02 6545 2165 **Email:** info@ashs.com.au