



**BL5 - COMMITTEE DETAILS**

Branch: \_\_\_\_\_  
 Details for the Year: \_\_\_\_\_

OFFICE USE	
<input type="checkbox"/>	Branch Details
<input type="checkbox"/>	Volunteer Register

CO-ORDINATOR:					
Full Name:					
Rank:					
Station:					
Station Address:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					

PRESIDENT:					
Full Name:					
Rank:					
Station:					
Station Address:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					

SECRETARY:					
Full Name:					
Occupation/Rank:					
Address / Station:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					

TREASURER:					
Full Name:					
Occupation/Rank:					
Address / Station:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					



Branch: \_\_\_\_\_  
 Details for the Year: \_\_\_\_\_

COMMITTEE MEMBER:					
Full Name:					
Occupation/Rank:					
Address / Station:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					

COMMITTEE MEMBER:					
Full Name:					
Occupation/Rank:					
Address / Station:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					

COMMITTEE MEMBER:					
Full Name:					
Occupation/Rank:					
Address / Station:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					

COMMITTEE MEMBER:					
Full Name:					
Occupation/Rank:					
Address / Station:					
				P/Code:	
Email:		Ph (home):		Ph (work):	
Community Service Organisation representing:					

THIS FORM TO BE COMPLETED IMMEDIATELY AFTER YOUR BRANCH AGM  
 OR UPON ANY CHANGE IN YOUR COMMITTEE DETAILS  
 AND FORWARDED TO QBLAI STATE OFFICE

*\*New Committee Members will require a Volunteer Application*