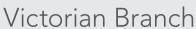
AUSTRALIAN EDUCATION UNION





Office bearers - sub-branch, regional or cluster structures advice

Date: / /			
Please tick one of the following:	Sub-branch	Region	Cluster
Workplace or Reg Cluster name:			
Principal (if applicab	le):		
Campus principal	(if applicable):		
Campus (if applicab	le):		
OFFICE BEARER	Information (if any of the positions a	re jointly held, please indicate	names and emails for both)
	, , , ,		
Email address:		Phone:	
SECRETARY:		Work location:	
Email address:		Phone:	
TREASURER:		Work location:	
Email address:		Phone:	
FOR COMMUNIC Mailing Address:	CATION PURPOSES CONTACT PERS	•	
		Post Code:	
Phone Number(s):			
OTHER POSITIO	NS WITHIN THE SUB-BRANCH/CLU	ISTER (if applicable)	
EDUCATION			
SUPPORT REP: .			
Email address: .		Phone:	
WOMEN'S INFO NETWORK CONTACT:		Work location:	
Email address:		Phone:	
HEALTH and SAFETY REP:		Work location:	
Email address:			
OTHER ROLE:		Work location	
Email address:			

Please complete and return to: