



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

Date: / /

Please tick one of the following:

Sub-branch

Region

Cluster

Workplace or Region/
Cluster name: _____

Principal (if applicable): _____

Campus principal (if applicable): _____

Campus (if applicable): _____

OFFICE BEARER Information (if any of the positions are jointly held, please indicate names and emails for both)

PRESIDENT: _____ Work location: _____

Email address: _____ Phone: _____

SECRETARY: _____ Work location: _____

Email address: _____ Phone: _____

TREASURER: _____ Work location: _____

Email address: _____ Phone: _____

FOR COMMUNICATION PURPOSES CONTACT PERSON (please tick one of above)

Mailing Address: _____

Post Code: _____

Phone Number(s): _____ Fax Number: _____

OTHER POSITIONS WITHIN THE SUB-BRANCH/CLUSTER (if applicable)

EDUCATION
SUPPORT REP: _____ Work location: _____
Email address: _____ Phone: _____

WOMEN'S
INFO NETWORK
CONTACT: _____ Work location: _____
Email address: _____ Phone: _____

HEALTH and
SAFETY REP: _____ Work location: _____
Email address: _____ Phone: _____

OTHER ROLE: _____ Work location: _____
Email address: _____ Phone: _____

Please complete and return to:

AEU Membership Records, PO Box 363, ABBOTSFORD 3067 Fax: **03 9417 6198** or email: **mymembership@aeuvic.asn.au**