

LGC INFORMATION SHEET

This information sheet, together with the Local Government Committee Delegates' Return should reach the NSW Branch Office no later than 7 June.

| LOCAL GOVERNMENT COMMITTEE: | | |
|-------------------------------|----------------|-----------|
| SECRETARY: | Membership No: | |
| Address: | | Postcode: |
| Phone: [H]: | [W]: | |
| [M]: | Email: | |
| PRESIDENT: | Membership No: | |
| Address: | | |
| Phone: [H]: | | |
| [M]: | Email: | |
| Senior Vice President: | Membership No: | |
| Address: | | |
| Phone: [H]: | [V]: | |
| [M]: | Email: | |
| Vice President: | Membership No: | |
| Address: | | |
| Phone: [H]: | | |
| [M]: | | |
| Vice President: | Membershin No: | |
| Address: | | |
| Phone: [H]: | | |
| [M]: | | |
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| Assistant Secretary: Address: | | |
| Phone: [H]: | | |
| [M]: | | |
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| Treasurer: Address: | | |
| Phone: [H]: | | |
| [M]: | | |
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| Returning Officer: | • | |
| Address: | | |
| Phone: [H]: | | |
| [M]: | Email: | |
| Deputy Returning Officer: | Membership No: | |
| Address: | | |
| Phone: [H]: | . , | |
| [M]: | Email: | |
| Fundraiser: | Membership No: | |
| Address: | | Postcode: |
| Phone: [H]: | | |
| [M]: | Email: | |
| Meeting dates: | | |
| Venue for meetings: | | |
| Hon. Secretary (Signature): | | Date: / / |

| | GOVERNI | | CONMAN | TTEE. |
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of the above.

This information sheet, together with the Delegates' Return should reach the NSW Branch Office no later than 7 June.

| | | Number of Delegates | Total number of registered branch members |
|----|----------------------|---------------------|---|
| | Constituent Branches | for this year | at 30 November |
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I hereby certify that the information set out above is an accurate account of membership as at 30 November last year in respect

Total membership as at 30 November 2015: Hon Secretary:



AUSTRALIAN LABOR PARTY (NSW BRANCH)

LOCAL GOVERNMENT COMMITTEE DELEGATES' RETURN

As required by Rule G10(d) this Return should reach the NSW Branch Office no later than 7 June.

| Branch | Delegate's Name and Address |
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| Ward/Riding | ALP Councillors Name (*Show Endorsed/Non-endorsed) |
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AUSTRALIAN LABOR PARTY (NSW BRANCH)

LOCAL GOVERNMENT COMMITTEE DELEGATES' RETURN (CONTINUED)

| Branch | Delegate's Name and Address | |
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| Hon Secretary: | | If there is insufficient space to list all Delegates please attach additional sheet(s) to this form. |