|  |  |  |  |
| --- | --- | --- | --- |
| wablogo_blue | **WAB BRANCH INFORMATION 2021/2022** | | |
| **This form must reach WAB Admin no later than 17/7/2021**  **to ensure accurate information in the WAB Directory 2021/2022** | | |
| Please scan and email form to [wabinsa@gmail.com](mailto:wabinsa@gmail.com) or post to PMB 50, Naracoorte SA 5271 | | |
| Branch name |  | | |
| **Branch President or Facilitator** | Name  (please print full name) |  | |
| Postal Address |  | |
|  | |
| *Ph* | *Mobile* | *Fax* |
| *Email* | | |
| **Branch Secretary** | Name  (please print full name) |  | |
| Postal Address |  | |
|  | |
| *Ph* | *Mobile* | *Fax* |
| *Email* | | |
| **Branch Treasurer** | Name  (please print full name) |  | |
| Postal Address |  | |
|  | |
| *Ph* | *Mobile* | *Fax* |
| *Email* | | |

|  |  |  |
| --- | --- | --- |
| **Regular date/time of meetings** | *(eg 4th Wed of month at 1pm)* |  |
| Name of months in recess |  | |
| Month AGM held |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of Full members ($45 Levy) | Nr of members over the age of 80 years ($35 Levy) | Number of 60 year Award Members (no levy due) | | | Nr of Associate Members ($15 Levy) |
|  |  |  | | |  |
| Total members |  |  | | | *Please list your Associate Members on your Branch Member List* |
| *Signature:* | | | *Date* |  | |
|  | | | *Office dated* / / | | |