

Annual General Meeting Report

This form is to be completed by the Support Group/District Support Team President or District Manager, annually after the Annual General Meeting. On completion forward to State Office manager@guidesqld.org by 30 April. Copies are to be retained with District Records.

Date of AGM

Support Group/District Support Team Details

| | | | |
|--------------------|--|--------|--|
| Name of Group/Team | | | |
| District | | Region | |

Support Group Members (As elected at the AGM)

| Committee Position (Includes President, Treasurer, Secretary etc.) | Name (All support group members) | Phone Number | Email Address | Date of Birth |
|--|----------------------------------|--------------|---------------|---------------|
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(If more support group members, please include a separate page)

Blue Card

If a committee member provides a service (ie, directly involved with children), they will require a Blue Card. Please complete the appropriate application or link form found at www.guidesqld.org/bluecard.

Note: Bank Account Signatories

If a committee member has been added as a bank account signatory please notify State Office, by completing the QF.FI.26 changes to Bank Account form.

Manager Declaration

I declare that the above details are correct.

| | |
|-----------|--|
| Position | |
| Name | |
| Date | |
| Signature | |