



COMMITTEE of MANAGEMENT Registration & Return

COMMITTEE of MANAGEMENT of _____

Date of AGM _____

PRESIDENT:

Postal Address: _____

Email: _____

Contact No: _____ Mobile No: _____

VICE PRESIDENT
(If applicable)

Postal Address: _____

Email: _____

Contact No: _____ Mobile No: _____

SECRETARY:

Postal Address: _____

Email: _____

Contact No: _____ Mobile No: _____

TREASURER:

Postal Address: _____

Email: _____

Contact No: _____ Mobile No: _____

COMMITTEE:

COMMITTEE of MANAGEMENT of _____

Bank balance per bank statement 30/06/.....	A	\$
Add outstanding deposits	B	\$
Less unpresented cheques	C	\$
Balance of funds available as at 30/06/..... (A+B+C)		\$
Investments (Term Deposits) as at 30/06/.....		\$

BANK DETAILS - Name: _____ Branch: _____

Please list all the Committee accounts, including Term Deposits (use separate sheet if required).

Title of Account: _____

Account No: _____

Title of Account: _____

Account No: _____

BANK DETAILS - Name: _____ Branch: _____

Title of Account: _____

Account No: _____

Title of Account: _____

Account No: _____

Signature/s: _____
President
Secretary

*This return should be completed and submitted to the Council **no later than 14 July each year:***

Post: The Chief Executive Officer, Berrigan Shire Council, 56 Chanter Street, Berrigan NSW 2712

Email: mail@berriganshire.nsw.gov.au

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