

Branch Formation Request Form

Mr Brett Holmes
 General Secretary
 NSW Nurses and Midwives' Association
 50 O'Dea Avenue
 WATERLOO NSW 2017



Dear Mr Holmes

We, the undersigned financial members of NSW Nurses and Midwives' Association wish to form a branch of the Association at our workplace.

Workplace Name (Not Employer)

Proposed Branch Name

The following positions are to be filled for branch formation:

Mandatory Positions – Secretary, President and Delegate

Optional Positions – Assistant Secretary, Vice President, Steward and Alternate Delegates

	Member Number	Member Name Please Print Full Name	Workplace Name (Not Employer)	Interested in Which Branch Position	Members Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Minimum of 10 financial members are required to form a branch.

I agree to be the contact person for any branch formation related enquiries.

Name Member No

Address

Phone (H)..... (W)..... (M).....

Email (H).....

Email (W).....

The best time to contact me is