



# COMMITTEE of MANAGEMENT Registration & Return

COMMITTEE of MANAGEMENT of \_\_\_\_\_

Date of AGM \_\_\_\_\_

PRESIDENT:

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

VICE PRESIDENT  
(If applicable)

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

SECRETARY:

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

TREASURER:

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

COMMITTEE:

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**COMMITTEE of MANAGEMENT of \_\_\_\_\_**

Bank balance per bank statement 30/06/.....	<b>A</b>	\$
Add outstanding deposits	<b>B</b>	\$
Less unpresented cheques	<b>C</b>	\$
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 # \_\_\_\_\_

Title of Account: \_\_\_\_\_

Account # \_\_\_\_\_

BANK DETAILS - Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Account # \_\_\_\_\_

Title of Account: \_\_\_\_\_

Account # \_\_\_\_\_

Signature/s: \_\_\_\_\_

President

\_\_\_\_\_

Secretary

Personal Information collected by the Council will be treated as per the Council's Privacy Management Plan and the *Privacy and Personal Information Protection Act 1998*.

This return should be completed and submitted to the Council NO LATER THAN THE 14<sup>th</sup> JULY each year.

**Post:** The General Manager, Berrigan Shire Council, 56 Chanter Street, Berrigan NSW 2712

**Email:** mail@berriganshire.nsw.gov.au

**Fax:** 03 5885 2092

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