



# UNITED HOSPITAL AUXILIARIES of NSW Inc.

## EXECUTIVE BRANCH DETAILS FOR NEW FINANCIAL YEAR 2023

**(This information is required to be returned to Head Office within 14 days of your AGM)**

### BRANCH DETAILS

<b>BRANCH NAME</b>	<small>(please provide full branch name eg Pink Ladies etc)</small>	<b>UHA REGION</b>	<small>(eg Riverina, Metropolitan etc)</small>
<b>NAME OF HOSPITAL</b>		<b>TYPE OF FACILITY</b>	<small>(eg MPS/Hospital/Health Service/Community Health)</small>

### NEW OFFICE BEARER DETAILS - Elected at your recent AGM

	Auxiliary Secretary	Auxiliary President	Auxiliary Treasurer
<b>NAME</b>			
<b>ADDRESS LINE 1</b>			
<b>ADDRESS LINE 2</b>			
<b>ADDRESS LINE 3</b>			
<b>AUXILIARY POSTAL ADDRESS IF DIFFERENT FROM SECRETARY'S ADDRESS:</b>			
<b>PHONE NUMBER</b>			
<b>EMAIL ADDRESS</b>			

### MEMBERSHIP AND BRANCH INFORMATION

<b>1</b>	How Many meetings are held annually by your Branch?	<input type="text"/>	<b>6</b>	<b>Website information: Meeting Days, Venue etc.</b>	
<b>2</b>	Number of members who attended a Regional Conference or Forum this year	<input type="text"/>		Meeting Days & Time:	<input type="text"/>
<b>3</b>	Number of members who attended the 2022 State Conference	<input type="text"/>		Venue Address for Meetings	<input type="text"/>
<b>The information on this form is correct as at the time of completion and you give authorisation to enter the Branch information on the UHA Website.</b>					
<b>4</b>	Total number of Branch members <small>(all members who have paid their annual membership fee)</small>	<input type="text"/>	Position:		Name:
<b>5</b>	Number of Beds at your Health Facility/Hospital	<input type="text"/>	Date:		Signature:

**THIS FORM IS TO BE RETURNED TO HEAD OFFICE BEFORE: 31st AUGUST 2023**