



CHANGE OF GROUP DETAILS.

- [] CHANGE OF MEETING VENUE [] CHANGE OF POSTAL ADDRESS
- [] CHANGE OF MEETING TIMES [] AMALGAMATION*

*A Form G1 is to accompany this form for Amalgamation

District	<input style="width: 90%;" type="text"/>
Name of Group (in full)	<input style="width: 95%;" type="text"/>

CHANGE OF MEETING VENUE

Name of NEW Venue	<input style="width: 95%;" type="text"/>		
Address of NEW Venue	<input style="width: 95%;" type="text"/>		
Is Change Permanent	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, Please Specify From <input type="text"/> To <input type="text"/>
Details of Sections Affected by Change	<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>			

CHANGE OF POSTAL ADDRESS

New Postal Address	<input style="width: 80%;" type="text"/>		
Suburb / Town	<input style="width: 25%;" type="text"/>	P/Code	<input style="width: 25%;" type="text"/>

CHANGE OF MEETING TIMES

SECTION	NEW MEETING DAY	NEW MEETING TIMES



CHANGE OF GROUP DETAILS.

AMALGAMATION

PARTICULARS OF GROUP 1

Name of Group (in full)

Address of Meeting Venue

Suburb/Town P/Code

PARTICULARS OF GROUP 2

Name of Group (in full)

Address of Meeting Venue

Suburb/Town P/Code

PARTICULARS OF GROUP 3

Name of Group (in full)

Address of Meeting Venue

Suburb/Town P/Code

PARTICULARS OF PROPOSED NEW GROUP

Name of Group (in full)

Address of Meeting Venue

Suburb/Town P/Code

Note:- A completed Form G1 – Application for Registration of a Group must accompany this form if two or more Groups are planning to amalgamate.

ENDORSEMENT

Group Leader Date

RECOMMENDATION

As District Commissioner, I have discussed the responsibilities and issues with representatives from all Groups in relation to an amalgamation and endorse this application.

District Commissioner Date

BRANCH OFFICE USE

APPROVED
Chief Commissioner Date

Date of Registration Date Charter Sent

Property Management Sub Committee Notified Date