

NOTIFICATION OF NEW COMMITTEE

RPG name: Date New Committee Established:

Secretary's name: Secretary's address:

Contact details: Phone:..... Facsimile:..... Email:.....

Size and Configuration of RPG Sub Committee		Total []	RPG [6]	Co opted []		
Membership Name	Residential Address	Phone No	Email	Membership No	Position Held <i>i.e. Chairman, Secretary, RPG Member</i>	
RPG Sub Committee Members						
1					Chairman	
2					Vice Chairman	
3					Treasurer	
4					Secretary	
5					Publicity Officer	
6					Safety Officers (two recommended)	
7						
Co opted Members (Please copy form if further coopted members)						
1						
2						
3						
4						
5						
6						

I certify that the persons listed be recommended to the Committee of Management for consideration for appointment or co-option to this RPG Sub Committee in accordance with the WPCS Aust. Inc. regulations.

RPG Chairman's Signature: Date:

Please complete and mail this form to the WPCS Aust. Inc. Committee of Management within 30 days of your RPG Annual Meeting, Please