

UNITED DEMOCRATIC MOVEMENT WOMEN'S ORGANISATION



BRANCH EXECUTIVE COMMITTEE

BRANCH ANNUAL GENERAL MEETING as per Paragraph 7.2.8 of the UDEMWO Constitution

Province: _____
 Region: _____
 Municipality: _____
 Ward: _____
Branch name: _____
 Date of AGM: _____
 Total number of branch members: _____

BRANCH EXECUTIVE COMMITTEE As per Paragraph 7.2.8.1.7 of the UDEMWO Constitution

CHAIRPERSON NAME _____
 CELL NUMBER _____ FAX NUMBER _____ WORK OR HOME PHONE _____
 EMAIL ADDRESS _____

DEPUTY-CHAIRPERSON NAME _____
 CELL NUMBER _____ FAX NUMBER _____ WORK OR HOME PHONE _____
 EMAIL ADDRESS _____

SECRETARY NAME _____
 CELL NUMBER _____ FAX NUMBER _____ WORK OR HOME PHONE _____
 EMAIL ADDRESS _____

DEPUTY- SECRETARY NAME _____
 CELL NUMBER _____ FAX NUMBER _____ WORK OR HOME PHONE _____
 EMAIL ADDRESS _____

TREASURER NAME _____
 CELL NUMBER _____ FAX NUMBER _____ WORK OR HOME PHONE _____
 EMAIL ADDRESS _____



FUNDRAISER	NAME	
CELL NUMBER	FAX NUMBER	WORK OR HOME PHONE
EMAIL ADDRESS		

ORGANISER	NAME	
CELL NUMBER	FAX NUMBER	WORK OR HOME PHONE
EMAIL ADDRESS		

CONSTITUTIONAL OFFICER	NAME	
CELL NUMBER	FAX NUMBER	WORK OR HOME PHONE
EMAIL ADDRESS		

PUBLIC AND INFORMATION OFFICER	NAME	
CELL NUMBER	FAX NUMBER	WORK OR HOME PHONE
EMAIL ADDRESS		

ARTS AND CULTURE OFFICER	NAME	
CELL NUMBER	FAX NUMBER	WORK OR HOME PHONE
EMAIL ADDRESS		

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Signature of Branch Chairperson

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Signature of Branch Secretary

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Date

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Date

IMPORTANT INSTRUCTIONS

This form (with attachments), must be faxed to UDM Provincial as well as National Offices;

- **The complete membership list;**
- **Proof of payment of membership fees (deposit slip) - membership fees must correspond with the number of members enrolled in the Branch;**
- **The minutes of the AGM.**

**Failure to submit this properly completed forms
will result in the non-registration of the said Branch**

This form is available electronically; please email nationaloffice@udm.org.za to request a copy

