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| --- | --- | --- | --- | --- | --- |
| **CENTRE POSITION HOLDERS FOR REGIONAL ADDRESS LIST** | | | | | |
| **Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | By filling out this form you agree to your details being on the Regional Address List. | | | |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  | **First name** | | **Last name** | **Email Address** | **Phone** |
| **President:** |  | |  |  |  |
|  |  | |  |  |  |
| **Vice/Co President:** |  | |  |  |  |
|  |  | |  |  |  |
| **Secretary:** |  | |  |  |  |
|  |  | |  |  |  |
| **Treasurer:** |  | |  |  |  |
|  |  | |  |  |  |
| **Education:** |  | |  |  |  |
|  |  | |  |  |  |
| **Roles/Bulk Funding:** |  | |  |  |  |
|  |  | |  |  |  |
| **Property:** |  | |  |  |  |
|  |  | |  |  |  |
| **Equipment:** |  | |  |  |  |
|  |  | |  |  |  |
| **Public Relations:** |  | |  |  |  |
|  |  | |  |  |  |
| **Health & Safety:** |  | |  |  |  |
|  |  | |  |  |  |
| **Bicultural** |  | |  |  |  |
|  |  | |  |  |  |
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|  |  | |  |  |  |
| ***Please remember to inform the Regional Office of any changes to Position Holders during the year.*** | | | | |  |
| Any changes to: President, Secretary, Treasurer please contact the Office as this will have an impact on your Charities Commission details. | | | | | |