

DELEGATE VERIFICATION FORM

[Insert Sub Branch/District Name above]	
appoint the following Service or Life Member as	s Delegate for the 2022 RSL Queensland AGM:
[insert name above]	
And, in the event he/she cannot attend, appoin	t the following Service or Life Member as Delegate:
•	
[insert name above]	
[moent manie above]	
Signature (Sub Branch/District President)	Signature (Sub Branch/District Secretary)
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Name (Sub Branch/District President	Name (Sub Branch/District Secretary)
(Data)	(Doto)
(Date)	(Date)

Please ensure a copy of the minutes of the meeting of the Sub-Branch/District at which the Delegate appointment occurred are attached to this form and emailed to AGMregistration@rslqld.org