



APPOINTMENT OF DELEGATES

NAME AND ADDRESS FOR RETURN OF RECEIPT			DELEGATES APPOINTED BY THE			
Name			*Branch Name			
Address			Branch Code			
Postcode			Attending as			
Daytime Tel. No.			Branch Delegate <input type="checkbox"/>			
Mobile			Regional Rep <input type="checkbox"/>			
			National Young Members' Rep <input type="checkbox"/>			
			SOG Rep <input type="checkbox"/>			
			National SOG Rep <input type="checkbox"/>			
			* Please complete as appropriate			

Branch or Home address	Full name (please print)	Male or Female	Please tick if first time delegate	Membership number (Must be inserted)	Are you under 27 at 21 Apr 2010?	Type of delegate seat (please tick)
B <input type="checkbox"/> H <input type="checkbox"/>	Delegate 1/ Sharer 1 E-mail address:	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Black <input type="checkbox"/> Low paid <input type="checkbox"/> What is your hourly rate?
B <input type="checkbox"/> H <input type="checkbox"/>	Delegate 2 E-mail address:	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Black <input type="checkbox"/> Low paid <input type="checkbox"/> What is your hourly rate?
B <input type="checkbox"/> H <input type="checkbox"/>	Delegate 3 E-mail address:	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Black <input type="checkbox"/> Low paid <input type="checkbox"/> What is your hourly rate?

ONLY COMPLETE BOX BELOW IF YOU ARE ELECTING TWO MEMBERS TO SHARE ONE DELEGATE SEAT

B <input type="checkbox"/> H <input type="checkbox"/>	Sharer 2 E-mail address:	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Black <input type="checkbox"/> Low paid <input type="checkbox"/> What is your hourly rate?
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We hereby certify that the above delegates are members of UNISON; that their subscriptions to the union are not three months in arrears; that they are the duly elected delegates and meet the criteria of proportionality and fair representation as set out in rules D1. 4-6.

.....
Signed (two signatures required) (Chairperson) (Secretary)

All three copies of this form must be returned to your **REGIONAL OFFICE** by **FRIDAY 29 JANUARY 2010**
The Branch copy will be stamped with the date it is received and returned to the person whose name and address appears at the top of this form.
IF NO ACKNOWLEDGEMENT IS RECEIVED WITHIN FIVE WORKING DAYS, PLEASE CONTACT YOUR REGIONAL OFFICE IMMEDIATELY.



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B <input type="checkbox"/> H <input type="checkbox"/>	Delegate 1/ Sharer 1 _____	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Black <input type="checkbox"/> Low paid <input type="checkbox"/> What is your hourly rate?
	E-mail address:					
B <input type="checkbox"/> H <input type="checkbox"/>	Delegate 2 _____	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Black <input type="checkbox"/> Low paid <input type="checkbox"/> What is your hourly rate?
	E-mail address:					
B <input type="checkbox"/> H <input type="checkbox"/>	Delegate 3 _____	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Black <input type="checkbox"/> Low paid <input type="checkbox"/> What is your hourly rate?
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