**REGIONAL BLACK MEMBERS COMMITTEE**

**ANNUAL GENERAL MEETING, 20 SEPTEMBER 2024**

**DELEGATE REGISTRATION FORM**

**NAME OF UNISON BRANCH ………………………………………………**

**SERVICE GROUP ……………………………………………………………………………...**

**NO. OF MEMBERS IN BRANCH ……………………………………………………………...**

**We confirm that the delegates listed below are members of this branch**

**BRANCH SECRETARY (Please print name) ………….……………………………….…..**

**SIGNATURE …………………………………………………………………….**

**BRANCH BLACK MEMBERS GROUP CHAIR / SECRETARY (if any)**

**NAME (Please print) ………………………………………………….………………………..**

**SIGNATURE …………………………………………………………………….**

**DATE OF MEETING AGREEING THIS DELEGATION…………………………………….**

**Please check the formula for Branch representation outlined in the enclosed circular before you complete this form. Please ensure that you take into account UNISON’s guidance on proportionality when registering your delegation – at least 50% of your delegates should be women.**

**PLEASE PRINT ALL DETAILS BELOW (including address/e-mail address for correspondence to each delegate)**

**DELEGATES**

1. **NAME …………………………………………………………………………………….**

**ADDRESS ……………………………………………………………………………….**

**………………………………….………… POST CODE ….………………………..**

**E-MAIL ADDRESS ……………………………………………………………………**

1. **NAME …………………………………………………………………………………….**

**ADDRESS ……………………………………………………………………………….**

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**E-MAIL ADDRESS ……………………………………………………………………**

***Please submit completed form to Lauren Henry***

[**l.henry@unison.co.uk**](mailto:l.henry@unison.co.uk)

***no later than***

***12 NOON ON FRIDAY 16th AUGUST 2024***

**REGISTRATION FORMS RECEIVED AFTER THIS DATE WILL NOT BE ACCEPTED**