



**AGM – RETURNS
IN ACCORDANCE WITH
CAWA Inc REGULATION A19**

TO BE SUBMITTED WITHIN 30 DAYS OF THE AGM.
Secretaries please use this form when forwarding club returns to Dogs West.

CLUB NAME:

AGM Date

The following items are to be submitted:

- | | | | |
|-----------|---|----------|---|
| 1. | COPY OF AGM MINUTES & ATTENDANCE REGISTER | Enclosed | <input type="checkbox"/> |
| 2. | PRESIDENT'S REPORT | Enclosed | <input type="checkbox"/> |
| 3. | FINANCIAL STATEMENTS
(Income & Expenditure, Balance Sheet)
Note : Only Audited Financial Statements are to be presented at the AGM | Enclosed | <input type="checkbox"/> |
| 4. | AUDITOR'S REPORT | Enclosed | <input type="checkbox"/> |
| 5. | NUMBER OF FINANCIAL MEMBERS | Number | <input style="width: 50px; height: 20px;" type="text"/> |
| 6. | EXECUTIVE COMMITTEE LIST | | |

President Name _____ CAWA No. _____

Vice President Name _____ CAWA No. _____
(2 if applicable)

Name _____ CAWA No. _____

Secretary Name _____ CAWA No. _____

Please advise contact details for correspondence and Dogswest website.

****Please note these will be the public contact details for the club.****

Address _____

Tel No _____ Email _____

Club Copy of Canine News Required: YES NO

Treasurer Name _____ CAWA No. _____

**Dogs West Invoices are emailed direct to Club Treasurer.
Please advise contact details below.**

Email _____

- 7. ATTACH FULL COMMITTEE MEMBERS LIST WITH:**
- | | | |
|-------------|----------------------------|----------|
| Name | CAWA Membership No. | Enclosed |
|-------------|----------------------------|----------|

- 8. Any amendments to your Club Constitution (Rules) and Domestic Regulations require approval from Dogs West prior to coming into effect. For consideration, please provide -**
- An electronic copy of the Agenda, including Notices of Motion, as circulated to club members
 - Details of date and circulation method to all club members
 - An electronic copy of the proposed Club Constitution and Domestic Rules
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- 9. INCORPORATED CLUBS ONLY**
- Annual Association Information Statement' submitted in accordance with DEMIRS Requirements

OFFICE USE ONLY

Checked Date _____ Initial _____

Master Updated Date _____ Initial _____

Administrator Date _____ Initial _____