

THE ROYAL BRITISH LEGION

FORM MS1 – BRANCH INFORMATION

All sections of this form must be completed. Section 1 of this form must be completed by the Branch Secretary after the Branch Annual General Meeting. The Branch Welfare Committee Secretary must complete Section 2. Please complete this form **in capitals** and return to the staff County/District Secretary or Membership Administrator.

| | | | |
|--|--------------------------|-------------------|---------------|
| BRANCH: | | | |
| BRANCH CODE: BR | | | |
| CORRESPONDENCE ADDRESS: | | | |
| EMAIL ADDRESS : | | WEBSITE: | |
| BRANCH MEETINGS: Monthly/Quarterly /Other If other, specify: | DAY: | TIME: | VENUE: |
| SECTION 1 | | | |
| BRANCH COMMITTEE OFFICERS AND APPOINTMENTS | | | |
| for the year ending 30 September 20__ | | | |
| PRESIDENT | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |
| CHAIRMAN | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |
| VICE CHAIRMAN | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |
| SECRETARY | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |
| TREASURER | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |
| MEMBERSHIP SECRETARY | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |
| POPPY APPEAL ORGANISER | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |
| STANDARD BEARER | Membership number | Name: | |
| | | Telephone: | |
| | | Email: | |

| SECTION 2 | | |
|---|--------------------------|-------------------|
| BRANCH WELFARE COMMITTEE OFFICERS for the year ending 30 September 20__ | | |
| CHAIRMAN | Membership number | Name: |
| | | Telephone: |
| | | Email: |
| VICE CHAIRMAN | Membership number | Name: |
| | | Telephone: |
| | | Email: |
| SECRETARY | Membership number | Name: |
| | | Telephone: |
| | | Email: |
| TREASURER | Membership number | Name: |
| | | Telephone: |
| | | Email: |
| If a Branch is unable to form a Welfare Committee it may appoint a Branch Welfare Representative. | | |
| BRANCH WELFARE REPRESENTATIVE | Membership number | Name: |
| | | Telephone: |
| | | Email: |

| SECTION 3 | |
|--|--------------------------|
| DELEGATE(S) TO THE ANNUAL MEETING OF COUNTY/DISTRICT CONFERENCE | |
| NAME | Membership number |
| <i>Add names as appropriate</i> | |

| SECTION 4 | | |
|---|-------------------|--------------|
| The individuals named on this form as Officers/Members of the Branch Committee and Branch Welfare Committee were duly elected/appointed. | | |
| Branch Secretary | | |
| NAME | SIGNATURE: | DATE: |
| Branch Welfare Committee Secretary | | |
| NAME: | SIGNATURE: | DATE: |

| SECTION 5 |
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| ACKNOWLEDGEMENT OF RESPONSIBILITY OF APPOINTED BRANCH OFFICERS AND COMMITTEE MEMBERS |
| Where a Branch Officer or Committee Member is appointed during the Legion year the agreement as under section 6 of this MS1 must be read, agreed and minuted at the first meeting of the new appointee: "I acknowledge my responsibility as Branch Officer/Committee Member and agree to follow in every respect the duties and responsibilities as contained in the Royal Charter and the Membership Handbook and as required by the Board of Trustees, the Membership Council and the Charity Act. I also agree to my contact details being published in the County/District Directory or Handbook (hard copy and digitally). I will be vigilant to serve the interests of the Royal British Legion at all times." |

