

Name of Branch/Regional Committee

Branch Ref No:

For Head Office use only

**NAME OF PAPER THE MOTION IS SUBMITTED
AGAINST
NOTICE OF MOTION**

Date of Meeting:

Name:

Branch Secretary/Regional Secretary

Name:

Chairperson

TELEPHONE NUMBER :

NOTES

- 1 Please refer to guidance notes issued with this form.
- 2 Use a separate sheet for each Motion.

**MOTIONS MUST BE
RETURNED BY MIDNIGHT ON
30th September 2018**

If by post, to Angela Niven, CWU,
150 The Broadway, Wimbledon,
London SW19 1RX if electronically,
to conferences@cwu.org

ADDRESS (BLOCK LETTERS)