

Change of Office Bearers for the year _____

Date of AGM _____

IMA _____ Branch. Tel: _____ Email Id: _____ Branch Strength: _____

Postal Address: _____

	President	Vice President	Hon. Secretary	Hon. Treasurer
Name				
Mob				
Email Id				
L/M No.				
Address				

Sub Committee – Chair Person

Sub Committee				
Name				
Mob				
Email Id				
L/M No.				

Note - Please add additional posts of Managing Committee Members & State Executive Members on Separate sheet.

Managing Committee

Year _____

	Name	Address	L/M No.	Email Id	Mob
1.					
2.					
3.					
4.					
5.					

State Executive Member

Year _____

	Name	Address	L/M No.	Email Id	Mob
1.					
2.					
3.					
4.					