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**Queen Alexandra’s Royal Army Nursing Corps Association**

**Charitable Incorporated Organisation - 1163821**

***(Insert Branch Name)* BRANCH ANNUAL REPORT as at (*Insert date*)**

**Please complete and return to General Secretary by 31 October (*Insert Year*)**

**MEMBERSHIP**

|  |  |  |
| --- | --- | --- |
|  | **As of 30 June (*Year*)**  | **Notes** |
| Total Number of Members |  |  |
| Number of new members (joined in year) |  |  |
| Honorary Members |  |  |
| Total Number of members have ceased membership  |  |  |
| Names of members who have passed away in year |  |

**COMMITTEE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date of Appointment** | **Contact details****Email and Tel No** |
| Chairman |  |  |  |
| Vice Chairman |  |  |  |
| Secretary  |  |  |  |
| Treasurer |  |  |  |

**BRANCH MEETINGS**

**Date of AGM:**

**(Please attached Minutes from Branch AGM *(insert year)***

**Dates of other meetings held:**

**Plans for Corps Day:**

**BENEVOLENCE/GIFTS**

**Names of members visited at home or in hospital**

**Names of members sent flowers or gifts in the year**

**BUDGET REQUESTS**

**Any events/activities that may require Grant from Association Funds**

**(to include Corps Day activity and any other event/s)**

**REQUEST FOR BRANCH TOP UP**

**Closing Balance (As of 30 June (*Year*)):**

**We require/do not require a top up for Branch Association Funds**

**ANY OTHER ITEMS OF NOTE**