



BRANCH FORMS 2017/2018



Please send completed. Where a blank is left, please put TBA. carlene.merrick@nbta.ca

or fax to 1-506-453-9795 c/o Carlene Merrick

DEADLINE: June 1st, 2017

BRANCH _____

Title	Name	School
Director		
Director		
Alternate Director		
Office	Name	School
President		
President		
Vice-President		
Secretary		
Treasurer		

Essential Committees

Committee	Name	School
Liaison	1.	
Liaison (if required)	2.	
Professional Learning		
Ethics/Prof Conduct (List all)	1. (Chair)	
	2.	
	3.	
	4.	
	5.	
	6.	
Branch Point Rep		

Optional Committees

Committee	Name	School
Awards Committee		
Retiring Teacher's		