This form provides your society with registration as part of Leicester Students’ Union Medical Association (LUSUMA). This form needs to be completed annually as per the constitution of the Students’ Union and the constitution of LUSUMA. Any questions regarding any aspect of the process, please e-mail the secretary@lusuma.com.

|  |  |
| --- | --- |
| **Name of sub-society** |  |

**President**

|  |  |
| --- | --- |
| **Name** |  |
| **E-mail** |  |
| **Contact number** |  |

**Treasurer**

|  |  |
| --- | --- |
| **Name** |  |
| **E-mail** |  |
| **Contact number** |  |

**Secretary**

|  |  |
| --- | --- |
| **Name** |  |
| **E-mail** |  |
| **Contact number** |  |

*Please insert any additional committee positions using the tables as a template.*

|  |  |
| --- | --- |
| **Proposed election date** ***(if not precisely known, insert likely month and year)*** |  |

Please submit all completed forms to the secretary@lusuma.com as early as possible. If this form is not received for a whole academic year you sub-society will be considered retired.