

## PROXY VOTING FORM

### At The Unitarian Druze Community of Victoria 2018 AGM

I, \_\_\_\_\_ of \_\_\_\_\_ (Print name of nominated "Member")

(Address) \_\_\_\_\_

Phone: \_\_\_\_\_

Hereby authorise: \_\_\_\_\_

of \_\_\_\_\_ (Print name of Proxy) (Address) \_\_\_\_\_

to act FOR AND ON MY BEHALF at the Annual General Meeting of the above Association on the \_\_\_\_\_ 25th day of March 2018.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Executive Committee of Unitarian Druze Community of Victoria

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Secretary or President) Print Name: \_\_\_\_\_

Office held: Secretary / President Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

This form must be received at the Association office at least 96 hours prior to the scheduled commencement of the meeting.