Apollo Bay Community Voice Inc

On Gadubanud Country

PO Box 155, Apollo Bay, Vic 3233

Form of	of Pro	xy for:
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Apollo Bay Community Voice Inc (The Association)
l,of
address,
confirm that I am a member of the Association. As such, I am entitled to vote at AGMs and SGMs, and I wish to appoint the President of Apollo Bay Community Voice, or
(please indicate your proxy, who must be a confirmed member of The Association),
as my proxy to vote for me on my behalf at the (Annual or Special) General Meeting of the association, to be held on the
day of(month) 20(year),
and at any adjournment of such meeting.
Signed this(day) of(month), 20(year).
Signature:
Please note: In order to be accepted as a valid vote at the meeting (AGM/SGM), Proxy Forms are required to be delivered to: Apollo Bay Community Voice, PO Box 155, Apollo Bay, Vic 3233

Number: A0120140Z

Or emailed to apollobayvoice@gmail.com

no later than *5pm of the evening prior* to the day of the AGM/SGM. This is for logistical and administration purposes.