

PROXY FORM

Member Name

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of (address)

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AUTHORISE (full name of person)

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of (address)

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As my / our proxy

To vote in person at the Committee Meeting dated:

16 November 2019 at 7.00pm

Signed by (member(s) giving proxy)

Print Name(s)

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Date:

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Proxy forms must be returned BY 4 pm Wednesday 13 November 2019 before the meeting to Ms Lee Evans, Membership Secretariat on facsimile 1300 66 26 85 or scanned copy to mlsv@mlsv.org.au