

**Australian Ophthalmic Nurses Association Vic Inc**

**PROXY FORM**

 **ANNUAL GENERAL MEETING**

* All persons authorising proxy vote must be current financial l members
* All persons representing proxy votes must be current financial members

I hereby authorise ……………………………………………………………………………………………to serve as my proxy and to vote on my behalf at the above meeting to be held on …………………………………………….(date)

This proxy is valid for

 All matters voted on at the meeting

 Specific Issue/Matter (please clarify)……………………………………………………………………………

**NB A voting member wishing to vote at an Annual General Meeting via proxy vote shall**

* Designate a member from the committee or an individual voting member.
* Contact the member or individual personally who they wish to exercise the proxy and must complete this form in it entirety . Failure to sign the form or complete all sections will invalidate the proxy.
* The duly completed handwritten form shall be mailed, emailed or as a scanned document
	+ By the voting member to the proxy holder.
* All completed proxy forms are to be delivered to the President 48 hours prior to the scheduled meeting.
* The solicitation of proxies will not be accepted. No voting interest shall hold or exercise proxies for more than one voting member at any one meeting.

 Name:…………………………………………………………………………..(Please print)

 Signature…………………………………………………………..……………………………….

 Date:…………………….….…………………………………………………..…………………..