**2024 AGM**

# Proxy Voting Form

**The Operations Manager,**

**North Queensland Touch Association** **Incorporated,**

**Sports House – Office 5a**

**3 Redpath Street**

**North Ward**

**TOWNSVILLE QLD 4810**

|  |  |  |  |
| --- | --- | --- | --- |
| I |  | of |  |
|  | **(name of voter)** |  | **(address of voter)** |
| being a financial member of  |  |
|  | **(name of affiliate)** |
| hereby appoint |  | of |  |
|  | **(name of proxy)** |  | **(address of proxy)** |
| or failing him/her, the Chairperson of the under-indicated meeting as my proxy to attend and exercise a vote on my behalf at the (please mark with a cross): |
|  |  | Annual General Meeting |
|  |  | General Meeting |
|  |  | Management Committee Meeting |
|  |  | Special General Meeting |
|  |  | Special Management Committee Meeting |
|  |  |  |
| of the North Queensland Touch Association Inc, to be held on | **Saturday 2nd March 2023** |
|  | **(date of meeting)** |
| at | **Sports House, Redpath Street, Townsville** | Or at any adjournment or postponement thereof |
|  | **(address of meeting)** |  |
|  |  | In favour of the motion or resolution |
|  |  | Against the motion or resolution |
|  |  | Proxy to vote as he/she thinks fit |
|  |  | Chairperson to vote as he/she thinks fit |
| This proxy to be used… |  |
| Signed this |  | day of |  |
|  | **(day of week)** |  | **(month of year, year)** |
| Signature of Voter |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **For Office Use ONLY- Date received** |  |

**THE COMPLETED PROXY FORM MUST BE RECEIVED NO LATER THAN**

**Friday 23rd February 2024**