**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**