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| logo_word_s **ABN** **18 340 548 481** | 45 Ariadne StreetRiver Heads Qld 4655Phone: 0487 097 700 |

**Proxy Form**

**Annual General Meeting**

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| **I,**  |       |
|  | Member’s First and Last Name |
| **of** |       |
|  | Member’s Address |
| **being a financial member of the River Heads Progress Association Inc. hereby nominate** |
|       |
|  |
| Nominee’s First and Last Name |
| **to vote on my behalf at the Annual General Meeting to be held on 12 September 2023 .** **Should that meeting be adjourned, this Proxy Form will be valid for the rescheduled meeting.**  |
|       |  |       |
| **Signed** |  | **Date** |

Please email this completed form to secretary@riverheads.org.au or deliver to a committee person at Community Hall 45 Ariadne Street River Heads, prior to the commencement of the General Meetingfor it to be counted as a valid proxy.