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

**Proxy Form**

**Annual General Meeting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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](mailto: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.