

Appointment of Proxy Form

I _____ (name as per membership card), membership number _____, being a current financial member of the Cerebral Palsy Society of NZ hereby appoint _____ (*Print name of proxy, who must also be a member of the society*)

Or, I appoint the Chairperson of the meeting, as my proxy, to vote on my behalf at the 2019 Annual General Meeting of the Society, and at any adjournment thereof. My proxy may vote on my behalf as they see fit (*circle sentence for this choice*)

Or I instruct my proxy to vote as per my instructions below:

Board Nominations (please select only 4)

If you select more than 4, your vote will be invalid.

Dave Thomas (Incumbent)

Jake Mills (Incumbent)

Merryn Straker (Incumbent)

Kurt Peterson

Michael Turner (incumbent- Ad Hoc)

Niki Simpkin-Hill

Red Nicholson

Sally Thomas (Incumbent)

Sean Parker

Signature of _____ Date: _____

Note: This appointment of proxy must be either mailed / delivered / scanned or emailed to the following address to arrive no later than 2pm, Friday 11th October 2019.

Postal: Cerebral Palsy Society, PO Box 24759, Royal Oak, Auckland 1345

Delivery: CPS Office, 8 Railway St., Newmarket, Auckland

Email: gilli@cpsociety.org.nz

Postal Ballot Form Remit

I _____ (name) having membership number _____ do hereby vote:

Board Nominations (please select only 4)

If you select more than 4, your vote will be invalid.

Dave Thomas (Incumbent)

Jake Mills (Incumbent)

Merryn Straker (Incumbent)

Kurt Peterson

Michael Turner (incumbent- Ad Hoc)

Niki Simpkin-Hill

Red Nicholson

Sally Thomas (Incumbent)

Sean Parker

Signature of member: _____ Date: _____

(Should you wish to appoint a proxy instead of this ballot form, then please complete the proxy appointment form. A completed proxy form will take precedence over a completed postal ballot form. Please only complete one or the other)

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