

Ballot Form

Name: _____

Email: _____

Remit:

I vote in favour of the remit

I vote against the remit

Election of Officers (please select only 6)

If you select more than 6, your vote will be invalid.

- | | |
|--|--|
| <input type="checkbox"/> Harvey J Brunt (Incumbent Group) | <input type="checkbox"/> Trish McQueen (Independent) |
| <input type="checkbox"/> Daniel Clay (Independent) | <input type="checkbox"/> Rachel Mullins (Independent) |
| <input type="checkbox"/> Edward Collett (Independent) | <input type="checkbox"/> Kurt Peterson (Independent) |
| <input type="checkbox"/> Tim George (Independent) | <input type="checkbox"/> Karl Sangster (Incumbent Group) |
| <input type="checkbox"/> Michelle Hamilton (Incumbent Group) | <input type="checkbox"/> Meg Smith (Independent) |
| <input type="checkbox"/> Immanuel Koks (Incumbent Group) | <input type="checkbox"/> Merryn Straker (Independent) |
| <input type="checkbox"/> Renata Kotua (Independent) | <input type="checkbox"/> Sally Thomas (Incumbent Group) |
| <input type="checkbox"/> Emma Lovett (Independent) | <input type="checkbox"/> Reuben Woods (Independent) |

Note:

- **No voting in person at the meeting for the above and no proxies allowed**
- **This voting form must be either mailed / delivered / scanned or emailed to the following address to arrive no later than 4pm, Wednesday 14th October 2020.**

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

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

Email: clare@cpsociety.org.nz

Signature of member: _____ Date: _____