

Appendix 1 Appointment of Proxy form



RETIRED AMBULANCE ASSOCIATION VICTORIA INC
ABN: 77 829 511 359 NUMBER A0021423S

Appointment of Proxy

I _____
Name in Full

Being a member of Retired Ambulance Association Victoria

Apoint _____
Proxy holder name in full

Being a member of Retired Ambulance Association Victoria Inc.

As my proxy for me on my behalf at the annual or a special general meeting of the Retied Ambulance Association of Victoria and at any adjournment of that meeting.

Date of Meeting _____

I authorise my proxy to vote on my behalf.

- At their discretion in respect of any motion
- At their discretion in respect of the following resolutions

Signature: _____

Date _____



RETIRED AMBULANCE ASSOCIATION VICTORIA INC
ABN: 77 829 511 359 NUMBER A0021423S

Nomination to be a Member of the Association Committee.

All nominees must be financial and hold full membership of the Association.

I _____ nominate _____
Name in Full *Name in Full*

For the position of **President**

Seconded by _____
Name in Full

I _____ Accept this nomination.
Name in Full

Signature: _____ **Date** _____



RETIRED AMBULANCE ASSOCIATION VICTORIA INC
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Nomination to be a Member of the Association Committee.

All nominees must be financial and hold full membership of the Association.

I _____ nominate _____
Name in Full *Name in Full*

For the position of **Treasurer**

Seconded by _____
Name in Full

I _____ Accept this nomination.
Name in Full

Signature: _____ **Date** _____



RETIRED AMBULANCE ASSOCIATION VICTORIA INC
ABN: 77 829 511 359 NUMBER A0021423S

Nomination to be a Member of the Association Committee.

All nominees must be financial and hold full membership of the Association.

I _____ Nominate _____
Name in Full *Name in Full*

For the position of **General Committee Member**

Seconded by _____
Name in Full

I _____ Accept this nomination.
Name in Full

Signature: _____ **Date** _____