# **Appendix 1 Appointment of Proxy form**



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

## **Appointment of Proxy**

ı	Name in Full
D.:	whom of Datingd Anglesian Anglesian Wintonia
Being a mer	nber of Retired Ambulance Association Victoria
Apoint	
	Proxy holder name in full
Being a mer	mber of Retired Ambulance Association Victoria Inc.
	of for me on my behalf at the annual or a special general meeting of the Retied Association of Victoria and at any adjournment of that meeting.
Date of Me	eeting
	my proxy to vote on my behalf.
• At t	my proxy to vote on my behalf. heir discretion in respect of any motion heir discretion in respect of the following resolutions
• At t	heir discretion in respect of any motion
• At t	heir discretion in respect of any motion
• At t	heir discretion in respect of any motion
• At t	heir discretion in respect of any motion
• At t	heir discretion in respect of any motion
• At t	heir discretion in respect of any motion

# **Appendix 2 Nomination for Committee Position Form**



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

## Nomination to be a Member of the Association Committee.

I		nominate		
-	Name in Full			Name in Full
	Position	Yea	No	
	President			
	Vice President			
	Secretary			
	Treasurer			
	General Committee Member			
Secor	nded by			
	Name in	Full	_	
I -	AC  Name in Full	cept this nomin	ation.	
Signatı	ure:	Date		



ABN: 77 829 511 359 NUMBER A0021423S

### Nomination to be a Member of the Association Committee.

1		nominate	
Nan	ne in Full		Name in Full
For the position of	President		
Seconded by			
	Nan	me in Full	
I		Accept this nomination.	
Nan	ne in Full	<del>-</del>	
Signature:		Date	



ABN: 77 829 511 359 NUMBER A0021423S

## Nomination to be a Member of the Association Committee.

1	no	ominate	
Nam	e in Full	-	Name in Full
For the position of	Vice President		
Seconded by			
<del>-</del>	Name in Full		
I	Accep	t this nomination.	
Nam	e in Full		
Signature:		Date	



ABN: 77 829 511 359 NUMBER A0021423S

## Nomination to be a Member of the Association Committee.

1		nominate		
Name in Full			Name in Full	
For the position of	Secretary			
Seconded by				
	Name in	Full		
I	Ac	cept this nomination.		
Nan	ne in Full			
Signature:		Date		



ABN: 77 829 511 359 NUMBER A0021423S

### Nomination to be a Member of the Association Committee.

I		nominate	
Nam	e in Full		Name in Full
For the position of	Treasurer		
Seconded by			
-	Nam	e in Full	
1		Accept this nomination.	
Nam	e in Full		
Signature:		Date	



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

NBIN. 77 023 311 333

### Nomination to be a Member of the Association Committee.

I	Nominate			
Nam	e in Full	Name in Full		
For the position of	General Committee Member			
Seconded by				
	Name in Full			
I	Accept this nominal	ion.		
Nam	e in Full			
Signature:	Date			