

Tourism Network Yarra Valley

AGM PROXY VOTING FORM

Member's Name: _____

Member's Business: _____

I authorise the following member

Proxy's Name: _____

To act as my proxy at the Annual General Meeting held on:

Date of Meeting: _____

I direct my proxy vote (please tick one):

As my proxy sees fit

Or

In accordance with the following instructions:

Signature: _____

Date: _____

All Proxy forms must be given to the Secretary at least 24hrs prior to the meeting either by email or in person.