



Theatre Network NSW

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💻 tnn.org.au

✍ 90 Victoria St, Grafton NSW 2460 Australia

Appendix 2 Proxy voting form

(Clause 39 (4))

PROXY VOTING FORM

For the use of a member of the association who is unable to attend a general meeting of Theatre Network NSW Inc.

I, _____ of _____ (Print name of member) (Address)

_____ Phone: _____

being the duly notified member Theatre Network NSW Inc. hereby authorise:

_____ of _____ (Print name of proxy) (Address)

_____ to act FOR AND ON MY BEHALF at the general meeting of the

above Association on the _____ day of _____ 20_____.

Signed: _____ Date: _____ (Registered Member)

Additional comments/instructions:

Authorised by:

Print Name: _____ Office held: Secretary / Chairperson

Signed: _____ Date: _____

n.b. This form must be received at the Theatre Network NSW office at least 24 hours prior to the scheduled commencement of the meeting.

