



Postal Ballot Form

I _____ (name) having membership number _____

do hereby vote:

- **Remit 1 - The Cerebral Palsy Society may co-opt up to two additional members until the next AGM. Co-opted members do not have voting rights.**

In Favour

In Opposition

- **Remit 2 - Cerebral Palsy Board recommends Ross Flood for approval as a life member**

In Favour

In Opposition

Board Nominations (please select only 3)

- **Bruce Bycroft** (incumbent)
- **Ed Collett**
- **Anthony Smith** (incumbent)
- **Merryn Straker**
- **Dave Thomas** (incumbent)

(should you wish to appoint a proxy instead of this ballot form, then please complete the proxy appointment form. A completed proxy form will take precedence over a completed postal ballot form. Please only complete one or the other)

Note: This postal ballot form must be either mailed / delivered / scanned and emailed to the following addresses to arrive no later than 2pm, 27th October 2017.

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

Delivery: CPS Office, Yarnton House, 14 Erson Ave, Auckland

Email: gilli@cpsociety.org.nz



Appointment of Proxy Form

I _____ (name as per membership card), membership number _____, being a current financial member of the Cerebral Palsy Society of NZ hereby appoint _____ (*Print name of proxy, who must also be a member of the society*)

Or, I appoint the Chairperson of the meeting, as my proxy, to vote on my behalf at the 65th Annual General Meeting of the Society, and at any adjournment thereof.

My proxy may vote on my behalf as they see fit (*circle sentence for this choice*)

Or

I instruct my proxy to vote as per my instructions below:

Siganture of member: _____

Date:

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