



FORM OF APPOINTMENT OF PROXY

I, _____ of _____
(full name) (address)

being a member of Shoalhaven Basketball Association, hereby appoint

_____ of _____
(full name) (address)

being a member of that incorporated association, as my proxy to vote for me on my behalf at the Annual General Meeting to be held on the 15th day of May 2018 and at any adjournment of that meeting.

.....
Signature of member appointing proxy

Date:

NOTE:

All proxy forms are to be returned to the stadium office of Shoalhaven Basketball Association on or before 5pm on Monday 14th May 2018.

A proxy vote may not be given to a person who is not a member of the Shoalhaven Basketball Association or to anyone who is under 18 years of age.

Each member attending the AGM is only able to hold one (1) proxy vote.