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| 1. **YOUR DETAILS** |
| Name of Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_  ADEA Membership Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **RESOLUTION** |
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| 1. **APPOINTS** |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please insert name of proxy)  Or, if no person is named, the Chair of the Meeting to vote in accordance with the following directions or if no directions have been given, as the proxy or Chair sees fit at the Australian Diabetes Educators Association Annual General Meeting to be held on 1st September 2017. |
| 1. **DIRECTION** |
| This form can be used: 🞎 In favor of OR 🞎 Against the resolution(s) |
| 1. **SIGNATURE & DATE** |
| SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| 1. **LODGEMENT** |
| To be lodged not less than 48 hours prior to the stated time of the Meeting.  **Due:** Wednesday 22nd August 2018, 11:00am  **Email:** [Melissa.Wiggan@adea.com.au](mailto:Melissa.Wiggan@adea.com.au)  **Post:** PO Box 163 WODEN, ACT, 2606 |