# **Proxy Form ACTCOSS Annual General Meeting 2024**

*[Note: this proxy must be received by ACTCOSS no later than 4pm on Monday 18 November 2024.]*

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(print full name)*

[ ]  **Delegate of a Member Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(please print the organisation’s name)*

[ ]  **Associate (individual) Member**

being a current member of the ACT Council of Social Service Inc, appoint

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(print full name)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(print email address)*

[ ]  **Delegate of a Member Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(please print the organisation’s name)*

[ ]  **Associate (individual) Member**

to act as my proxy at the Annual General Meeting to be held at 3:30pm on Tuesday 19 November 2024.

**Signature of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Notes to proxy form**

* Members entitled to vote: **current Associate Members** or the **Delegate of a current Organisation Member**.
* A proxy must be an Associate Member or the Delegate of an Organisation Member.
* For the appointment of your proxy to be effective, your completed proxy form must be received by ACTCOSS by **4pm Monday 18 November 2024**:

By email: membership@actcoss.org.au

By post or in person:

ACTCOSS
1/6 Gritten Street
Weston ACT 2611

* If you direct your proxy how to vote, the proxy must vote on that item only in accordance with your direction. If you do not direct your proxy how to vote on an item of business, the proxy may vote as they think fit.