



# STATE VOLLEYBALL NSW INC.

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## FORM OF APPOINTMENT OF PROXY

For use by nominated delegates unable to attend the  
State Volleyball NSW Inc. Annual General Meeting

I, ..... (Full name)

of ..... (Address)

being a member of ..... (Name of Club)

hereby appoint ..... (Full name of proxy)

..... (Signature of proxy)

being a member of State Volleyball NSW Inc as my proxy to vote for me on my behalf at the Annual  
General Meeting on Monday 23rd May 2016 only and at any adjournment of that meeting.

This Proxy Nomination is (select one only)  Directed

Undirected

.....  
Signature of member appointing proxy

.....  
Date

NOTE: A proxy vote may not be given to a person who is not a member of the Association.

NOTE: No member may hold more than 2 proxies.

A copy of this form must accompany the above nominated proxy to the meeting.

Appointment of Proxy forms must reach the Secretary no later than 48 hours before the time of the  
meeting in respect of which the proxy is appointed.

**Please send to State Volleyball NSW before 2.00pm Friday 20<sup>th</sup> May 2016 in one of the following ways:**

**By mail:**

The Secretary  
State Volleyball NSW  
PO BOX 6327  
Silverwater NSW

**Email: [secretarysvnsw@gmail.com](mailto:secretarysvnsw@gmail.com)**