



PROXY FORM INFORMATION

Your vote is important, for your vote to be effective it must be recorded before 5pm (AEST) Thursday 25th May 2017.

STEP 1 | APPOINTMENT OF PROXY

Indicate who you want to appoint as your Proxy. If you wish to appoint the Chair of the meeting as your proxy, mark the box. If you wish to appoint any other ordinary financial member of AOPA Australia, please write the full name of the member. If you leave this section blank or your named proxy does not attend the meeting, the Chair of the meeting will be your proxy.

STEP 2 | VOTING DIRECTIONS TO YOUR PROXY

To direct your proxy how to vote, mark one of the boxes opposite each item of business. If you do not mark any of the boxes on a given item, your proxy may vote how he/she chooses. If you mark more than one box for any given item your vote for that item will be invalid.

STEP 3 | SIGN THE FORM

The form must be signed. If you return an unsigned form it will be invalid.

STEP 4 | LODGEMENT

Proxy forms must be received no later than close of voting 5pm (AEST) Thursday 25th May 2017.

By Post: AOPA Australia, Receiving Officer, PO BOX 26, Georges Hall NSW 2198, Australia

By Fax: +61 (0)2 9791 9355

By Email: Receiving Officer - mail@aopa.com.au

By Attending the Meeting: If you wish to attend the meeting, please bring this form to assist registration



PROXY FORM

Your vote is important, for your vote to be effective it must be recorded before 5pm (AEST) Thursday 25th May 2017.

STEP 1 - APPOINT A PROXY

Your Full Name:

AOPA Member Number:

Mark box with an X to appoint the Chair of the meeting as your proxy; or

If you are **NOT** appointing the Chair of the meeting as your proxy, please write the name of the ordinary financial member of AOPA Australia you are appointing below;

Proxy Full Name:

AOPA Member Number:

STEP 2 - VOTING DIRECTIONS

	For	Against	Abstain
Resolution 1 Insert resolution here			
Resolution 1 Insert resolution here			
Resolution 1 Insert resolution here			
Resolution 1 Insert resolution here			
Resolution 1 Insert resolution here			

STEP 3 - SIGNATURE

Full name:

AOPA Member Number:

Signature:

Date:

Mobile Number:

Email: