



**Kalamunda Districts Hockey Club**  
**FORM OF APPOINTMENT OF PROXY**

I \_\_\_\_\_  
(Member's Name)

Of \_\_\_\_\_  
(Member's Address)

Being a fully financial member of the Kalamunda Districts Hockey Club.

Appoint \_\_\_\_\_  
(Name of the person you are appointing)

As my proxy to vote as the proxy sees fit at the Kalamunda Districts Hockey Clubs Annual General meeting on \_\_\_\_\_ and at any adjournments of that meeting.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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*For Junior Members:*

Members under the age of 18 do not have voting privileges, however they may appoint a family member/parent/guardian over the age of 18 to vote on their behalf.

Tick here:  I am a Junior Member.

*(The person you are appointing must be Over 18 and a Family member, parent or Guardian)*

Please return your nomination **at least 2 days prior** to the date of the AGM.

All Correspondence should be addressed to:

By Mail:                      The Secretary  
                                    Kalamunda Districts Hockey Club Inc.  
                                    PO Box 32 Forrestfield, 6058

By Email:                      [secretary@kalahockey.org.au](mailto:secretary@kalahockey.org.au)

Or delivered in person to: Any current Officer Bearer of the Club