MONTROSE FOOTBALL CLUB

AGM PPROXY VOTING FORM

I ……Full Membership No: ……
(NAME) (ON MEMBERSHIP CARD)

of ……..
(ADDRESS)

Nominate…… ……for the vacancy on the Board Of Management as (please tick):

(NAME OF NOMINEE)

□ **Chairperson** □ **Senior President** □ **Treasurer** □ **Sponsorship Director** □ **Board Secretary**

□ **Junior President** □ **Merchandise Director** □ **Media Director**

Signed …….. Date…….

Original proxy forms are to be returned and received ASAP and must be received minimum 24 hours prior to the scheduled AGM

Post:

Aaron Puddy
Board Secretary
Montrose Board of Management
P.O. Box 77, Montrose VIC 3765

Email: abpuddy@hotmail.com
(**scanned copies with original signature only**)