



ELECTION OF PODC COMMITTEE PROXY FORM

I,.....
(full name)

of.....
(address)

being a paid member of Parents of Deaf Children Inc hereby appoint

.....
(full name of proxy)

of
(address)

being a paid member of Parents of Deaf Children inc, as my proxy to vote for me and on my behalf at the Annual General Meeting to be held on 2nd December 2017 at 2:00pm and at any adjournment of that meeting.

SIGNATURE OF MEMBER APPOINTING PROXY

DATE

Please scan and email the completed nomination form to:

Parents of Deaf Children Inc
Australian Hearing Hub
Suite 100b, 16 University Avenue
Macquarie University NSW 2109
Email: info@podc.org.au

**NOTE: This form must be received no later than 5.00pm on 24th November 2017
on Monday 16 November 2015.**