

PROXY VOTING FORM – REVISED CONSTITUTION

Members who are unable to attend the AGM in Wellington but who wish to vote by proxy must complete this form and fax or post it to be received by National Office no later than **5pm Monday 31st October 2011.**

Fax: 04 4797617

Post: PO Box 12599, Thorndon, Wellington 6144, Attn Proxy Voting.

Name of Voter _____ (required for validation purposes)

Must be a member or family member of Autism NZ Incorporated. Each family member is entitled to one vote on each remit. Each family member must complete a separate form. The form can be photocopied for this purpose.

Each individual member (including professional members) is entitled to one vote on each remit.

Each remit may be voted on separately choosing one of the options alongside it. Wording changes to each remit will not be accepted. The rationale for each remit may be found on the web-site at www.autismnz.org.nz

RESOLUTION

That the membership adopt the revised constitution as attached and which has been circulated to the membership for consultation and amendment prior to the Annual General Meeting.

Agree

Disagree

Abstain