

## APPENDIX 1 FORM FOR APPOINTMENT OF PROXY

l,	(full name of Association Member)
of	(address)
being a Member of Ballarat Lyr	ic Theatre, Inc.
appoint	
(full name of Me	ember to act as proxy)
of	
(address of Member to	act as proxy)
_	orated Association, as my proxy to vote for me on my behalf g of the Association to be held on
(date of m	eeting) and at any adjournment of that meeting.
	hands of the Secretary at least one full day prior to the ecretary@ballaratlyrictheatre.com.au
	Signed
	Date