



THE COUNCIL OF EDUCATION ASSOCIATIONS OF SOUTH AUSTRALIA  
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## APPOINTMENT OF PROXY

Date \_\_\_\_\_

Office held \_\_\_\_\_

On behalf of the \_\_\_\_\_ Association

I/we appoint \_\_\_\_\_ (state full name) as proxy to vote

on my behalf at the meeting(s) of The Council of Education Associations of South Australia Inc.

to be held on\* \_\_\_\_\_

or

for the period from\* \_\_\_\_\_ to \_\_\_\_\_

I understand that this proxy expires on the last date referred to above and may otherwise only be revoked by notice in writing to the Secretary of the Council.

\*\* Signed: \_\_\_\_\_

Office held \_\_\_\_\_

\*\* Signed: \_\_\_\_\_

Office held \_\_\_\_\_

\* Note: *Delete which ever is inappropriate.*

\*\* Note: *This form should be signed by the authorised representative of the Association or if that person is unable to sign, by the person(s) authorised in the Constitution/Rules of the Association.*