



Canberra Region Feltmakers Inc.
PO Box 455
CURTIN ACT 2605

ABN:167 182 420 55

Nomination Form

I nominate _____
(name of person being nominated who is a fully paid member of Canberra
Region Feltmakers Inc,) for the position of:

Nominator (fully paid member of CRF): _____

Signature: _____

Seconder (fully paid member of CRF): _____

Signature: _____

I, _____ being
a fully paid member of Canberra Region Feltmakers Inc, accept this
nomination.

Signature _____

Signed nomination forms to be received by CRF either by:

- ***Post: PO Box 455, Curtin ACT, 2051 before 17 November 2017***
- ***scanned and emailed to the CRF Secretary at secretary@crfelters.org.au before 17 November 2017***
- ***submit the signed form at the November meeting.***



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Form of Appointment of Proxy

I, _____ (name)

of _____ (address)

being a member of Canberra Region Feltmakers Incorporated hereby appoint

_____ (full name of proxy)

of _____ (address)

being a member of that incorporated association, as my proxy to vote for me on my behalf at the 2017 Annual General Meeting of the association to be held on the 25 November 2017 and at any adjournment of that meeting.

Signature of person appointing proxy): _____

Date: _____

Note: a proxy vote may not be given to a person who is not a member of the association.