

**FORM OF PROXY
CANBERRA MONTESSORI SOCIETY**

Full name of member:

of:

(address)

“The Member”(above) being a member of the society, hereby appoints:

Full name of proxy:.....

of:

(address)

who is also a member of the Canberra Montessori Society, as my proxy, in order to vote for
and on my behalf at theof the Canberra
Montessori Society to be held on:/...../.....

..... Date:/...../.....

Signature of “The Member”

NOTE:

1. No person may hold more than 5 proxies.
2. To be effective, this proxy must be given to the Secretary prior to the commencement of the meeting.