



AGM Proxy Vote Form

Member Name _____

Pronouns (*He, She, They, Zie, etc.*) _____ Email _____

Address _____ Apt No. _____

City _____ Province _____ Postal Code _____

Phone (day) _____ Phone (evening) _____

Attestation

I will NOT be attending. As a member in good standing of the AIDS Coalition of Nova Scotia, I the undersigned, hereby assign

print full name of proxy-holder

full power of substitution, to attend in person and act on my behalf at the **Annual General Meeting, of the AIDS Coalition of Nova Scotia (ACNS) to be held in Halifax, Nova Scotia to be held on Thursday, October 1, 2020** and at any adjournments thereof to the same extent and with the same power as if the undersigned were personally present at the said meeting or any adjournment thereof. My delegate shall have authority to vote and act in his/her discretion with respect to amendments or variations to matters referred to in the **Notice of Annual General Meeting** and with respect to other matters which may properly come before the meeting.

Declaration

I, _____ verify that I am over 19 years of age and that I endorse the
(print name)

vision and mission of ACNS.

Signatures

By signing below, I confirm that the above information we have provided is true and we declare that we are committed to the Mission of ACNS, its governing principles and values. We understand that any information we provide will be kept strictly confidential.

Name of Member *(please print)*

Signature of Member

Date

Name of Proxy-Holder *(please print)*

Signature of Proxy-Holder

Date