



**THE HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC.**

Postal Address: P O Box 209, NUNAWADING, 3131 Phone/Fax: (03) 9877 0330 PC FAX: 03 9877 9400

**NOMINATION OF VOTING REPRESENTATIVE  
FOR THE  
ANNUAL GENERAL MEETING**

Only Clubs with delegates present in person are entitled to vote.  
The delegate shall be the Club President or his/her nominated proxy.

**CLUB:** \_\_\_\_\_

**VOTING REPRESENTATIVE FOR THE ABOVE CLUB:**

Club President or

Proxy

*Print full name of Voting Representative* \_\_\_\_\_

I, the abovenamed Voting Representative, state that all fees and monies due to theHRCav have been paid prior to voting at this meeting.

*Signature of Voting Representative* \_\_\_\_\_

**CLUB PRESIDENT (NAME AND ADDRESS)**

**NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL:**

I, the Club President, state that the Club’s Membership Fee for affiliation with theHRCav has been paid in full prior to this meeting.

Signed in agreement for the abovenamed appointed Proxy to vote on the Club’s behalf.

*Club President’s signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Note: Proxy nominations must be received by the HRCav no later than 48 hours before the time of the meeting.**