



# PARENTS OF VISION IMPAIRED (NZ) INC

National Office: 59 Commerce Street, Frankton, Hamilton  
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[www.pvi.org.nz](http://www.pvi.org.nz) | @PVI\_NZ | [www.facebook.com/pvinz](https://www.facebook.com/pvinz)

*Providing a community to support parents of children with vision impairments*

## PROXY FORM

For the PVI Annual General Meeting to be held on Sunday,  
18 October 2020

At the Waipuna Conference Centre, Highbrook, Auckland

Parent/ Caregiver 1:

Parent Caregiver 2:

I .....  
(Full Name of Member)

I .....  
(Full Name of Member)

Of.....  
(Address)

Being registered parents/caregiver of Parents of Vision Impaired (NZ ) Inc  
and the parents/caregivers of

.....  
(\* Information required to confirm membership)

Hereby appoint

.....

Who is a registered member of Parents of Vision Impaired (NZ) Inc. and is attending  
the Annual General Meeting, OR the Chairperson of the meeting, to carry my proxy  
vote.

Signed ..... Date.....

Please ensure this form is returned to PVINZ, PO Box 5629, Frankton,  
Hamilton 3242 [by 08 October 2020, or email to rgraham@pvi.org.nz](mailto:rgraham@pvi.org.nz)