



PARENTS OF VISION IMPAIRED (NZ) INC

National Office: 59 Commerce Street, Frankton, Hamilton
Postal address: PO Box 5629, Frankton, Hamilton 3242
www.pvi.org.nz | @PVI_NZ | 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, 7
November 2021

At the Distinction Hotel, Dunedin

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 1st November 2021, or email to rgraham@pvi.org.nz](mailto:rgraham@pvi.org.nz)