

TO: Basketball New Zealand
P O Box 6052
Marion Square
Wellington

[] specify name of Affiliated Association	
HEREBY APPOII	NTS [of (specify name of) Association] specify name of individual; o	
• •	vote for us and on our be d on the 19 th day of May 2	ehalf at the Annual General Meeting of Basketball New 018.	
SIGNED this	day of	2018	
		Name of Association	
		Identity of signature	

IF YOU ARE UNABLE TO ATTEND THE BASKETBALL NEW ZEALAND AGM BUT ARE ELIGIBLE TO VOTE YOU CAN COMPLETE THE ATTACHED PROXY FORM WHICH ENABLES ANOTHER PERSON WHO IS A MEMBER ENTITLED TO VOTE ON YOUR BEHALF.

PLEASE RETURN YOUR PROXY FORM TO vicki@nz.basketball

No later than FRIDAY, 18 MAY, 2018