

**PROXY VOTING FORM**

**CHHA-NL ANNUAL GENERAL MEETING**

**The Capital Hotel, Wednesday, September 21<sup>st</sup>, 2011**

It is important to have your vote in determining the next CHHA-NL Board of Directors. In the event that you are unable to attend the annual meeting, please complete this proxy form and assign your voting rights to another CHHA-NL member. In accordance with the CHHA-NL By-laws, ratified at the CHHA-NL AGM of July 2006, the following rules apply with respect to voting by proxy:

**Article 6 - Meetings**

- 6.8 Every member entitled to vote at a Membership Meeting may, by means of a proxy, appoint a proxy holder, or one or more alternate proxy holders, as his or her nominee to attend and act at a Membership Meeting in the manner, and to the extent as the member is entitled. A proxy shall be in the form prescribed from time to time by the Directors and shall be valid only at the Membership Meeting in respect of which it is given or any adjournment thereof.
- 6.9 A proxy must be deposited with the Chapter no later than forty-eighty (48) hours, excluding weekends and holidays, prior to the Membership Meeting or the adjourned Membership Meeting at which the proxy is to be used.

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**Please complete the form below, by Monday, September 19<sup>th</sup>, at 5:00 pm, 2011**

I, \_\_\_\_\_ of \_\_\_\_\_ in the province of Newfoundland and Labrador and, being a regular member of CHHA-NL (individuals who are members in good standing with CHHA/AMEC and have been accepted by the Chapter as Regular Members at least sixty (60) days prior to a scheduled Annual General Meeting or Special General Meeting will be entitled to vote at that particular Meeting) and in good standing hereby appoint

\_\_\_\_\_ as my voting proxy for me at the CHHA-NL Annual General Meeting to be held at the Capital Hotel, on Wednesday, September 21<sup>st</sup>, 2011.

In the event that said proxy above is unable to attend the meeting on the date specified, then I hereby name \_\_\_\_\_ to be my alternate proxy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit Proxy Forms to:**

**Canadian Hard of Hearing Association-  
Newfoundland and Labrador (CHHA-NL)  
1081 Topsail Road  
Mount Pearl, NL A1N 5G1**