**APPENDIX A**

**Centennial College Alumni Association**

**Proxy Form**

In accordance with the Centennial College Alumni Association By-laws, a voting Member in good standing may appoint an eligible individual to vote for the Member by proxy at a meeting at the Members. The Member must complete this form and submit it to the address below at least forty-eight (48) hours prior to the meeting of the Members. This Proxy is only valid at the following meeting of the Members: **Annual General Meeting - June 22 2024 9:00 EST via Zoom or attendance in person (Student Centre - 941 Progress Avenue)**

 ***Please fill required fields with the symbol \****

**Member Information wishing to appoint proxyholder:**

Member Name (print):\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Number (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email address (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Program graduated from (print):\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Program completion (print):\*\_\_\_\_\_\_\_\_\_\_\_

**Choice of Proxy Holder to attend and act on the member’s behalf at the meeting:**

The Member’s proxy holder will be:

Proxy Holder Name (print): \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Proxy’s email address (print):\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program graduated from (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Program completion (print):\_\_\_\_\_\_\_\_\_\_\_

Alternate Proxy Holder Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Alternate Proxy’s email address (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program graduated from (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Program completion (print):\_\_\_\_\_\_\_\_\_\_\_

**Compliance with the Corporation’s Proxy Policy**

By signing the Proxy, the Member acknowledges that the Corporation’s Proxy Policy has been complied with.

**Member Signature**

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

**Additional Instructions**

All voting Members in good standing are permitted to vote at a meeting of the Members in accordance with the Corporation’s Bylaws and the Proxy Policy. If a Member cannot attend but still wishes to vote, the Member may designate a proxy holder who will exercise the Member’s vote. **Your proxy holder may vote in accordance with your verbal instructions. Please note, you are voluntarily entrusting the proxy holder with your vote and you are responsible for providing clear instructions. If no instructions are given, you are deemed to have given your proxy holder authority complete discretion to vote on any matter at the Meeting**. The proxy holder must be in attendance at the meeting, will be identified, and will indicate the number of proxy votes held and for which Members. It is not necessary for the proxy holder to be a Member. Proxy holders must be of sound mind and over the age of majority (18 and over) and comply with the Proxy Policy.

If you wish to execute a proxy and appoint a proxy holder, please complete the enclosed proxy form and be sure to sign the form. If the form is not signed, the form is not legible or the proxy holder is ineligible to hold a proxy, the proxy will not be counted.

**Centennial College Alumni Association must receive your proxy byJune 20 2024 at 8:59 AM EST. Proxies may be dropped off or e-mailed to:**

Centennial College Alumni Association

C/O Proxy Votes

P.O. Box 631, Station A

Toronto, Ontario M1K 5E9

Email: ccaaagm2024@gmail.com

| **Authorized Signature – This section must be completed for your instructions to be executed.** | **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| I authorize you to act in accordance with my/our verbal instructions. I hereby revoke any proxy previously given with respect to the Meeting**. If no voting instructions are indicated above, your proxy holder will have the discretion to vote as they choose.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Print Name(s) of Member & Signing Capacity(ies), if applicable]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date [month] [day], [year] |