



THE HONG KONG ASSOCIATION OF SPEECH THERAPISTS  
香港言語治療師協會

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Please return this form by mail or by fax before **20<sup>th</sup> September 2015**

**HKAST Annual General Meeting 2015**

**PROXY FORM**

**NOTE:**

Only Full Members who have paid the 2015/16 subscription fee shall be entitled to submit a proxy, or act as a proxy. All proxy form should be returned to us either by email at [hkast@speechtherapy.org.hk](mailto:hkast@speechtherapy.org.hk) or by fax at **3007 2590** on or before 20<sup>th</sup> September 2015. Incomplete forms will be void.

I, \_\_\_\_\_, shall not be attending the AGM of The Hong Kong Association of Speech Therapists to be held on 25<sup>th</sup> September, 2015. I hereby appoint \* the current Chairperson of the Association/ HKAST member: \_\_\_\_\_ (Membership No.: \_\_\_\_\_)

to act as my proxy in the meeting.

As my proxy, he/ she will have full authority to act on my behalf to demand or join in demanding a poll and to vote on a poll at the AGM.

\*Please delete as appropriate

Name of Member: Dr / Mr / Mrs / Ms\*

Membership No.: \_\_\_\_\_

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

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

For Office Use: Valid  Void  Checked by \_\_\_\_\_ (Election Officer)