## Nomination Form for the 2025 AFTV Committee Member

| Name of Nominee             |   |                    |
|-----------------------------|---|--------------------|
| School/Institution          |   |                    |
| Postal Address              |   |                    |
| Telephone                   |   |                    |
| Email                       |   |                    |
| Signature of Nominee        |   |                    |
| Name of Proposer            |   |                    |
| Signature of Proposer       |   |                    |
| Date                        |   |                    |
| nay be handed in at the AGN | Form Of Appointment By Proxy  |                    |
| I                           | of  |                    |
| being an individual membe   | r of the Association of French Teachers in Victoria Ir  | nc. hereby appoint |
| _                           | r of the AFTV Inc., as my proxy to vote on my behalf<br>that meeting. My proxy is authorised to vote in favo<br>(insert details). |                    |
| Signed                      |   |                    |
| The                         | day of  | 2025               |