|  |
| --- |
| Your information |
| Full Name |  |
| Mobile phone number |  | Membership Number |  |
| Email address |  |
|  |
| Proxy Nomination  |
| Nominee Full Name |  |
| Nominee Email Address  |  |

Please indicate by ticking the relevant boxes below, what you are nominating this person to do on your behalf.

I

Confirm that the above nominated person will: Attend Vote speak at the 2023 Weightlifting Wales Annual General Meeting on my behalf.

|  |  |
| --- | --- |
| Signed |  |
| Printed |  |

 DATE:

Return to office@weightlifting.wales / Weightlifting Wales Office, Canolfan Brailsford, Ffriddoedd Road, Bangor, Gwynedd, LL57 2EH by 5th November