



April 10<sup>th</sup> 2019

**Notice of the annual general meeting of VAHA inc.**

Dear Member,

This is to advise you of the upcoming annual general meeting of the members of VAHA inc.  
The details of this meeting are as follows:

<b>Date:</b>	Saturday May 4 <sup>th</sup> 2019
<b>Time:</b>	2pm
<b>Place:</b>	Kilmore Trackside, Golden rein Room East St Kilmore, VIC 3756

Attached are:

- Agenda
- Minutes of 2018 AGM
- Executive Nomination Form
- 2019 Membership form
- General Committee Nomination Form
- Proxy voting form

Kind Regards,

Kristin Galea

President

**Victorian Arabian Horse Association Inc**

**2019 Annual General Meeting**

**Agenda**



<b>Date:</b>	Saturday May 4th 2019
<b>Time:</b>	2pm
<b>Place:</b>	Golden Rein Room Kilmore Trackside, East St Kilmore, Victoria 3764

<b>Item</b>	<b>Description</b>	<b>Responsible</b>
1	Welcome	President/ Chairperson
2	Apologies	Secretary
3	Acceptance of minutes of previous annual general meeting	President/ Chairperson
4	Business arising from previous minutes not covered elsewhere	President/ Chairperson
5	President's report	President/ Chairperson
6	Treasurer's report	Treasurer
7	Classic report	President/Chairperson
8	Election of new executive committee	President/Chairperson
9	Election of general committee	President/Chairperson
10	General Business	President/Chairperson
	Meeting close	President/Chairperson



## Victorian Arabian Horse Association Inc.

Nomination Form for the election of Office Bearers 2019

### Election of Office Bearers

**Position** (Please tick one only per form)

President

Vice President

Secretary

Treasurer

Name of Nominee (print name) \_\_\_\_\_

Signature of Nominee \_\_\_\_\_

Proposed by (print name) \_\_\_\_\_

Signature \_\_\_\_\_

Seconded by (print name) \_\_\_\_\_

Signature \_\_\_\_\_

Nominations must be made in writing and may be returned to the Public Officer at the address/email below, by 2pm Friday May 3<sup>rd</sup> 2019.

PUBLIC OFFICER

P.O. BOX 449

ROMSEY VIC 3434

[Vaha\\_secretary@outlook.com](mailto:Vaha_secretary@outlook.com)

**AGM to be held at Kilmore Trackside, Golden Rein Room , East St, Kilmore, 3764**

**at 2pm on Saturday 4th May 2016**



# Victorian Arabian Horse Association Inc.

Nomination Form for the election of Office Bearers 2019

## Election of General Committee

### 6 Positions Available

Name of Nominee (print name) \_\_\_\_\_

Signature of Nominee \_\_\_\_\_

Proposed by (print name) \_\_\_\_\_

Signature \_\_\_\_\_

Seconded by (print name) \_\_\_\_\_

Signature \_\_\_\_\_

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**at 2pm on Saturday 4th May 2019**



# Victorian Arabian Horse Association Inc.

## PROXY VOTING FORM

For the use of the "Member of the Association" (Club Corporate Member) who is unable to attend the Annual General Meeting of the Victorian Arabian Horse Association Incorporated.

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print name of nominated "Member") (Address of nominated "Member")

\_\_\_\_\_ Phone \_\_\_\_\_

Being the duly notified "Member" for VAHA Inc. for the purpose of the register of members of the Association, hereby authorise:

\_\_\_\_\_ of \_\_\_\_\_  
(Print name of Proxy) (Address of Proxy)

\_\_\_\_\_ who is a financial member of VAHA Inc. to act FOR AND

ON MY BEHALF at the annual General Meeting of VAHA Inc. on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Registered "Member")

Authorised by: VAHA Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Club Secretary or President)

Print name: \_\_\_\_\_ Office Held: Secretary / President

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Proxy forms must be returned to the Public Officer at the address/email below, by 2pm Friday May 3<sup>rd</sup> 2019.

PUBLIC OFFICER

P.O. BOX 449

ROMSEY VIC 3434



# Victorian Arabian Horse Association Inc. Membership Application 2019

ABN 77 115 844 880

PO Box 449, Romsey, Victoria 3434

<b>Name(s)</b>	
<b>Postal Address</b>	
Phone (H)	
Phone (M)	
Email	
AHSA Membership No. (if applicable)	

**Do you wish for the above details to remain confidential? Yes No**

New Membership \_\_\_\_\_ Renewal of Membership \_\_\_\_\_ (please indicate)

\*Membership without insurance\*\* 1/1/19 - 31/12/19 \$45.00 per person/household ( )

\*Junior Membership without insurance \*\* 1/1/19 - 31/12/19 \$30.00 per child ( )

\*\* VAHA no longer offers the option of insurance with membership. We encourage individuals to become Participant Members of the AHSA. This membership provides the same coverage for the same fee.

\_\_\_\_\_

If you are a member of the Arabian Horse Society Of Australia (AHSA) you are covered by their liability insurance policy. Please state Member Number Above. If you are not an AHSA member and wish to have insurance cover, please contact the AHSA about Participant Membership.

I agree to abide by the rules of The Victorian Arabian Horse Association Inc. I agree that the information I have provided is true and correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please find a Cheque/Money Order enclosed for \$

If paying by Direct Deposit please use "membership" and your last name as reference and enclose a printed copy of the transfer.

Commonwealth Bank  
Account name: The Victorian Arabian Horse Association Inc.  
BSB 063 012 Account 1070 7708

Do you have Liability Insurance Yes ( ) No ( )

If yes, with whom, AHSA or other, please specify \_\_\_\_\_

Thank you for your support.