FORM OF APPOINTMENT OF PROXY

I,				
,	Full I	Name		
Of				
O	Addr	ress		
being appoi		ber of Eastern Community Broadca	asters (Membership Number)	
	Name of Proxy Holder		Membership Number	
Of	Addr	ress of proxy holder		
-	a mem al meet	ber of that Incorporated Association	n, as my proxy to vote on my behalf at the annual a 28 th October 2018 and at any adjournment of that	
l ackn	owledg	ge that I have the following four option	ons to give to the proxy holder;	
Selec	t only	one for the proxy to be valid		
	1.	I appoint the Chairman of the myour proxy,	neeting to act on your specific instructions as	
	2.	I appoint the Chairman of the myou do not give specific instruction	neeting to act as the Chairman sees fit when ions, (the default position),	
	3.	I appoint another person to act	on your instruction as your proxy,	
	4.	I appoint my proxy to act as the instructions.	y see fit when I do not give specific	
Selec	t only	one of the following options for t	his proxy to be valid	
	This	proxy form is related to the followin	g resolution:	
	I auti	I authorise the proxy holder to apply these direction for all resolution to be voted upon.		
Signe	d:			
Date.				