



Hindu Society of North Carolina (North Central Region)
(DBA Triad Hindu Temple, THT)
www.triadhindutemple.com - Phone: 336-621-5848 - HSNC Tax Identification Number: 58-1379581

THT PROXY FORM

I/We, the undersigned member/members of Triad Hindu Temple of the year _____ do hereby appoint

_____ of _____

(Name)

(City, state)

as my/our proxy to attend the congregational business meeting of Triad Hindu Temple on

_____ (Date)

FOR THE PURPOSE CHECKED BELOW

_____ I hereby expressly authorize my proxy to be used to establish a quorum only

_____ I hereby expressly authorize my proxy to use his/her best judgement in exercising my right to vote on all matters which may come before the meeting to the full extent and with all powers which the undersigned would possess if personally present without restricts

Member 1 _____ (Signature)

Member 1 _____ (Print name)

Member 2 _____ (Signature)

Member 2 _____ (Print name)

(This form should be delivered to the temple office before the meeting or presented to the Secretary at the meeting, so the secretary has a record. The person acting as a proxy should keep a copy of the form)