

Ballot paper

I, _____ (*insert name of Member*),

of _____ (*insert address of Member*),

being a member of Capital Health Network, vote as follows:

(please mark one preferred candidate for B2 and one for B3)

	Vote (Mark your preferred candidate)
<u>Election of Director (B2)</u>	
Ms Julie BLACKBURN (<i>endorsed candidate</i>)	<input type="checkbox"/>
<u>Election of Director (B3)</u>	
Dr Niral SHAH (<i>endorsed candidate</i>)	<input type="checkbox"/>

Signature _____

Date _____