**CORRESPONDENCE VOTING FORM FOR THE GENERAL ASSEMBLY**

**OF THE BALKAN HISTORY ASSOCIATION (BHA)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(surname and first name), working at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(affiliation), living in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full address),

member of the General Assembly of the Balkan History Association,

being aware of the Agenda of the General Assembly of the Association,

I hereby exercise my vote by correspondence in my capacity as a member of the Association on the items on the agenda, as follows.:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the item on the agenda for which it is voting shall be noted)

**For** \_\_\_\_\_\_\_\_\_\_\_ **Against** \_\_\_\_\_\_\_\_\_\_\_ **Abstention** \_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the item on the agenda for which it is voting shall be noted)

**For** \_\_\_\_\_\_\_\_\_\_\_ **Against** \_\_\_\_\_\_\_\_\_\_\_ **Abstention** \_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the item on the agenda for which it is voting shall be noted)

**For** \_\_\_\_\_\_\_\_\_\_\_ **Against** \_\_\_\_\_\_\_\_\_\_\_ **Abstention** \_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the item on the agenda for which it is voting shall be noted)

**For** \_\_\_\_\_\_\_\_\_\_\_ **Against** \_\_\_\_\_\_\_\_\_\_\_ **Abstention** \_\_\_\_\_\_\_\_\_\_\_

On each item "X" will indicate my vote **for** or **against** or my **abstention**.

**Member of the General Assembly of the Balkan History Association**,

(surname and first name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**

*\** *The BHA member assumes full responsibility for the correct completion and safe transmission of this voting form.*

*\* After completing and signing the voting form, an original copy will be sent by post to the Association's office, in a sealed envelope, marked "For the BHA General Assembly on the date of \_\_\_\_\_\_\_", or by e-mail to mihaidragnea2018@gmail.com, with "For the BHA General Assembly from \_\_\_\_\_\_\_". In either case the form must be received no later than 24 hours before the General Assembly meeting.*

*\* The association has the obligation to keep the copies sent in safe and confidential conditions.*

*\* Incomplete or incorrect forms will be rejected, the details being recorded in the minutes of the meeting.*