ASOCIAȚIA DE ISTORIE BALCANICĂ (AIB)

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OF THE BALKAN HISTORY ASSOCIATION (BHA)

iving ir	า	(surname and first name), workin(full	ng at(affiliation) I address),	
	member of the	e General Assembly of the Balkan Histo	ory Association,	
	being aware o	f the Agenda of the General Assembly	of the Association,	
		my vote by correspondence in my capa genda, as follows.:	city as a member of the Association	
1.	(the item on the agenda for which it is voting shall be noted)			
	For	Against /	Abstention	
2(the item on the agenda for which it is voting shall b		voting shall be noted)		
	For	Against /	Abstention	
3.		(the item on the agenda for which it is v	voting shall be noted)	
	For	Against	Abstention	
4.	(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.

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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.