

## **Appointment of Proxy Form**

l,	
(Full Name)	(Membership Number)
of	
(Address)	
appoint	
(Name of proxy holder)	(Membership Number)
of	
(Address of proxy holder)	
as my proxy to vote for me on my behalf at the annual/special gener	ral meeting* to be held on
(Date of meeting)	
and at any adjournment of that meeting.	
I authorise my proxy to vote on my behalf:	
<ul><li>in respect of the following resolution/s in the following manner</li></ul>	ner*:
Agrood (Not agroo	d
Agreed/Not agree	u
Agreed/Not Agree	d
at their discretion in respect of any resolution*.	
	_
Signed:	Date:

Note that proxies must be received by the Secretary at <u>secretary@friendsanbg.org.au</u> at least 24 hours before the time for holding the meeting.

<sup>\*</sup>Delete whichever does not apply.