

PROXY FORM

I _____ of _____

being a financial member of Queensland Stoma Association Inc and entitled to vote at General Meetings of Queensland Stoma Association Inc hereby appoint (please select one)

- The Chairperson of the meeting**
- The Secretary of Queensland Stoma Association Inc**
- QSA Ordinary Member** (insert name) _____

to be my proxy at the Special General Meeting of Queensland Stoma Associations Inc to be held at Unit 1/10, Valente Close CHERMSIDE at 12.00pm on Saturday, 30th March, 2019 and at any adjournments thereof.

I authorize my proxy to vote at his or her discretion in respect of all motions or other business conducted at the meeting.

This proxy supersedes any previous proxy signed by me.

Signature of Member _____

Dated _____

Membership Number (if known) _____

(Note - This proxy form is for use where the proxy is to be authorized to vote at his or her discretion. If a member wishes to direct how the proxy is to vote on the motions then the form should amended to show those instructions)

Return Address for if posted -

*The Secretary
Queensland Stoma Association Inc
PO Box 370
CHERMSIDE SOUTH QLD 4032*