

APPOINTMENT OF PROXY

I	of	
	(name of member) (address of med	
being	ng a member of Muscular Dystrophy Association of New So	uth Wales hereby
appoir	ooint(name of proxy holder)	
to vote Assoc	ng a member of Muscular Dystrophy Association of New South Vote for me on my behalf at the annual general meeting of the Mociation of New South Wales to be held on 30 November burnment of that meeting.	luscular Dystrophy
Please	ase tick the appropriate box:	
	☐ My proxy is hereby authorised to vote at their discretion motion	in respect of any
	☐ My proxy is hereby authorised to vote at their discretion following resolution/s -	in respect of the
Signe	ned: Date:	

NOTE: In the event of the member desiring to vote for or against any resolution they shall instruct their proxy accordingly. Unless otherwise instructed, the proxy may vote as they think fit.

To be effective in conformity with the Association's Memorandum and Articles of Association (Article 4.11) this form of proxy, together with any power of attorney under which it is signed, should be received by the Secretary of the Association not less than forty eight (48) hours before the time for the holding of the annual general meeting at which the proxy is to vote in respect thereof.