



FORM OF APPOINTMENT BY PROXY

I (full name) _____ of

(address) _____

being a full member of the Lymphoedema Support Group of NSW Inc. (LSGNSW) hereby appoint

(full name of proxy) _____ of

(address) _____

or failing him/her the chair of the meeting

as my proxy to vote on my behalf at the Annual General Meeting of the LSGNSW to be held on 30 March 2021 or any adjournment thereof.

This form is to be used to vote (*strike out which is not applicable)

* in favour of / against/ abstain

(Re: Agenda Item: Formation of a National Body for people living with lymphoedema, see attached information)

Member' Signature _____

Signed this Date _____

Proxy forms must be received no later than 26th March 2021.

Please email your completed Proxy form to:

lymphformation@yahoo.com.au