



## PROXY FORM

I \_\_\_\_\_ of \_\_\_\_\_

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

- The Chairperson of the meeting**
- The Secretary of Queensland Stoma Association Ltd**
- QSA Ordinary Member** (insert name) \_\_\_\_\_

to be my proxy at the Annual General Meeting of Queensland Stoma Associations Ltd to be held at Unit 1/10, Valente Close CHERMSIDE at 2.00pm on Saturday, 23<sup>rd</sup> September 2023 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) \_\_\_\_\_

*Proxies must be returned and received by the Company Secretary at least 48 hours prior to the meeting. Send by post to:*

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

*or by fax to 07) 07 3350 1882, or by email to [admin@qldstoma.asn.au](mailto:admin@qldstoma.asn.au)*