

The Scleroderma Association of Queensland Inc.

Australian Not-For- Profits Commission Registered

ABN: 91 905 099 795

AGM PROXY VOTING FORM

Name of member appointing the proxy:

……………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………

I /we hereby appoint: ………………………………………………………………………….

of ………………………………………………………………………………………………..

 as our proxy to vote in my/our name and on my/our behalf at the meeting of the Association to be held at 9am on Saturday 2nd September 2023 in the VC Suites, Kedron Wavell Services Club, Kittyhawk Drive, Chermside and at any adjournment of the meeting.

Signed …………………………………………………………

Dated ……………………………………………………………

info@scleroderma.org.au

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