Appointment of Proxy Form

I, _____
(full name)

of _____
(address)

being a member of Palliative Care NSW Incorporated hereby appoint:

_____
(full name of proxy)

of _____
(address)

being a member of that incorporated association, as my proxy to vote for me on my behalf at the AGM of the Association to be held on Wednesday 26th November 2025 and at any adjournment of that meeting.

My proxy is authorised to vote as follows (please tick):

- ☐ At their discretion in respect of any resolution
- ☐ As per the following directions (complete the next section)

	Tick Selection		
Resolution	**For**	**Against**	**Abstain**
That the Minutes of 2024 AGM held on 5 December 2024 be accepted.			
That the audited financial report for the 2025 financial year be accepted.			

_____ _____
Signature of member appointing Proxy Date

NOTE: A proxy vote may not be given to a person who is not a member of the Association.

Proxies must be received by the Secretary of Palliative Care NSW by 5.00pm, Tuesday 25th November. Proxies can be mailed (address below) or emailed (info@palliativecarensw.org.au)