



"Keeping health in mind – its everyone's business"

SabrinasReach4Life.Inc
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MEMBERSHIP PROXY FORM

I, of
full name of Member address of Member

a Member SabrinasReach4Life Inc entitled to vote at meetings of Members appoint

I, of
full name of proxy address of proxy

being a Voting Member of SabrinasReach4Life Inc, as my proxy to vote for me on my behalf
at the Annual General Meeting to be held on the 12th day of January, 2024 and at any
adjournment of that meeting.

My proxy is authorised to vote on my behalf on the motions put to the meeting as
he or she sees fit.

OR

My proxy is authorised to vote in favour of / against* the resolution(s) as follows
(* delete as appropriate)

Signature of Member appointing proxy Date

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

Please email your form to info@sabrinasreach4life.com.au