



SEXUAL HEALTH & FAMILY PLANNING ACT

PROXY VOTING FORM for SHFPACT Annual General Meeting 2018 (For use by Members of the Association)

I, _____
(full name)
of _____
(address)

being a financial member of Sexual Health and Family Planning ACT Inc (SHFPACT) of at least six months standing, appoint

(full name)
of _____
(address)

or failing her/him

the person appointed to Chair of the Annual General Meeting

as my proxy to vote on my behalf at the Annual General Meeting of the Association to be held on the 22 November 2018 and at any adjournment of the meeting which I am unable to attend.

(Signature)

DATE: _____