

Proxy Form

APPOINTMENT OF PROXY – BRISBANE YOUTH SERVICE INC

I, _____ (insert Member's name) of _____
 (insert address) being a Member of Brisbane Youth Service Inc (**Association**) entitled to attend and vote, hereby appoint _____ (insert name of proxy) of _____
 (insert address of proxy) or if no individual is named, or if the proxy is unable to attend and/or vote, the chairperson of the meeting, as my proxy to act generally on my behalf and to vote in accordance with the following directions (or if no directions have been given, as the proxy sees fit) at the Annual General Meeting of the Association to be held at Brisbane Youth Service, 518 Brunswick Street, Fortitude Valley QLD 4006 at 3:30pm (Brisbane time) on 26 November 2024 (**Meeting**) and at any adjournment or postponement of the Meeting.

Please mark to indicate your directions

BUSINESS	FOR	AGAINST	ABSTAIN
Item 5 – Adoption of audited financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item 8 – Re-election and election of Board members			
a. Loretta Lynch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Joshua Maris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Isabelle O’Loughlin-Kickett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rachana Rajan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Catherine Scott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Michelle Wade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item 9 – Amendment of the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item 10 – Appointment of auditors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: If you mark the **ABSTAIN** box for an item, you are directing your proxy not to vote on your behalf on a show of hands or a poll and your votes will not be counted in computing the required majority.

This form must be lodged with the secretary of the Association before the start of the Meeting. Please return this form to:

Shelley Sorrenson
 Secretary, Brisbane Youth Service Inc
 Address: PO Box 1389, Fortitude Valley QLD 4006
 Email: board@brisyouth.org

Name: _____

Signature: _____

Daytime Telephone: _____

Date: _____