



Australian Wound Management Association Inc

PROXY VOTING FORM

I _____

Being a financial member of the AWMA Inc. via state membership of,

(Name of State/Territory/Branch Association) _____

Hereby appoint: *

(Name*) _____

(* It is the member's responsibility to ensure that the named person acting as the proxy is attending the meeting)

Being a financial member of AWMA Inc. via state membership of,

(Name of State/Territory/Branch Association) _____

Appoint as my proxy to vote on my behalf at the ANNUAL GENERAL MEETING (AGM) of the Australian Wound Management Association to be held on: 25 March 2010 at 1700hours

SIGNED _____ / _____ /20 _____

(Print Name) _____

All proxy voting forms must be returned to the Secretary at least seven (7) days prior to the event:

(1700 hours Eastern Standard Summer Time, 18 March 2010)

By order of the AWMA Inc. Secretary

(Secretary's signature and date)  29 October 2009

THIS FORM ONLY WILL BE ACCEPTED AS A VALID PROXY VOTING FORM.

Incorrectly filled out proxy voting forms will be ineligible to be counted as a vote.

Rule 7. 2 Proxy Voting. A Proxy Vote must be completed on the Association's proxy voting form and signed by the member issuing the vote. The form must be received by the Secretary of the Association at least 7 (seven) days prior to the commencement of the relevant meeting at which it is intended to be used.

Proxy (Oxford Australian Dictionary) "Written authorisation to vote on another's behalf; a vote so given."

Developed: 31st March 2001
Review due: 30th November 2002
Updated: 24 September 2004
Updated: 20 March 2005
Revised: 7 December 2005
Review due: November 2010

The Secretary
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