**Appointment of Proxy Form**

**Event Name…………………………………………………………………………………….**

**Event Date ………………………………………………………………………………………**

I, (name in full).......................................................................................................................

of (address) ...........................................................................................................................

being a life member of the Peradeniya Medical School Alumni Association- Australasia hereby appoint;

(full name of proxy)................................................................................................................

of (address)............................................................................................................................

…………………………………………………………………………………………………………

being a life member of that Peradeniya Medical School Alumni Association- Australasia, as my proxy to vote for me on my behalf in all matters arising at the event outlined above.

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Date Signature of member appointing proxy

…………..………………………………………………….

PeMSAA Australasia Membership number ( if known)