

FORM OF APPOINTMENT OF PROXY

| I |
|---|
| (name) |
| Email address: |
| being a member of the International Early Intervention and Prevention in Mental Health Association (IEPA) |
| appoint |
| (name) |
| Email address: |
| being a member of this Association, as my proxy to vote on my behalf at the 2024 Board Elections of the International Early Intervention and Prevention in Mental Health Association. |
| |
| Signed |
| Date |
| Membership No |