



WA HEALTH PROMOTING  
SCHOOLS ASSOCIATION

Supporting Student Health

## FORM - APPOINTMENT OF PROXY

I, \_\_\_\_\_

(Insert MEMBER'S name) of

\_\_\_\_\_

(Insert MEMBER'S address) being a member of

\_\_\_\_\_

(Insert name of INCORPORATED ASSOCIATION)

APPOINT

\_\_\_\_\_

(Insert PROXY'S name)

who also is a member of the Association, as my proxy.

My proxy is authorised to vote on my behalf in relation to the Notice of special resolution to change rules in accordance with Associations Incorporations Act 2015

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (of Member  
appointing Proxy)

This written notice must be given to the secretary before the commencement of the general meeting. Email [wahpsa@gmail.com](mailto:wahpsa@gmail.com)

**Date of special resolution: 27 March 2019**

**Time of special resolution: 3:00 – 4:00pm**

**Location of special resolution: Boardroom, Bendat Parent and Community Centre, 36  
Dodd St Wembley 6014**