



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 for the motion to accept the 2021 - 2023
WAHPSA Strategic Plan.

Signature: _____ Date: _____

(of Member appointing Proxy)

This written notice must be sent via email to the Secretary before the commencement of the
AGM: wahpsa@gmail.com