



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.

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](mailto:wahpsa@gmail.com)