



Muscular Dystrophy WA

APPOINTMENT OF PROXY

Association Rule 21

I _____

(Insert MEMBER'S name)

Of _____

(Insert MEMBER'S address)

Being a member of the Muscular Dystrophy Association of Western Australia Inc.

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: (Tick only **ONE** of the following)

at the Annual General Meeting (and any adjournments of the meeting) on Thursday 24th May 2018.

OR

in relation to the following resolutions and/or nominations (please complete details)

In favour:

Against:

.....
.....
.....
.....

.....
.....
.....
.....

(Insert resolution Nos, brief description or nominees' name/s)

(Insert resolution Nos, brief description or nominees' name/s)

Signature _____ **Date** _____
(of Member appointing Proxy)

PLEASE NOTE: Under the terms of Rule 21 of the Constitution of the Association, this form (Appointment of Proxy) must be lodged at the office of Muscular Dystrophy Association of WA not later than 5:00pm on Tuesday 22nd May 2018:

Muscular Dystrophy Association of WA
The Chief Executive Officer
Suite B, The Niche
11 Aberdare Road,
Nedlands WA 6009