**Annual General Meeting**

**Proxy Vote Form**

I, ............................................................................................................................

(Name)

of ........................................................................................................................

(Address)

being a member of Down Syndrome WA

appoint................................................................................................................

(Name of proxy holder)

of………………………………………………………………………………………

(Address of proxy holder)

as my proxy to vote for me on my behalf at the Annual General Meeting of Down Syndrome WA to be held on

6.30pm, Wednesday 27 October 2021

32 Burton St Cannington

I authorise my proxy to vote on my behalf

* at their discretion in respect of any motion
* at their discretion in respect of the following resolution/s -- …………………………………………………………………………………
…………………………………………………………………………………

Signed ........................................................

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

(Date)

***Note that proxies must be received by Down Syndrome WA at least 1 hour before the time of holding the meeting.***

***Proxy Forms can be emailed to the*** ***ceo@downsyndromewa.org.au******.***