**Annual General Meeting - Proxy Vote Form**

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

(Insert MEMBER’S name)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert MEMBER’S address)

being a member of Down Syndrome Association of WA Inc

APPOINT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert PROXY’S name)

As my proxy is authorised to vote on my behalf: (Tick only **ONE** of the following)

[ ]  as they see fit (**note:** if you tick this box, please leave the voting directions below blank)

 **OR**

[ ]  in accordance with the following directions (**note**: if you tick this box, please provide your voting directions below)

at the 2025 Annual General Meeting of DSWA to be held at 7:00 pm (AWST) on Wednesday, 22 October 2025 at The Belmont Hub, L2, 213 Wright St, Cloverdale WA and online through Teams by accessing the following link:

[**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_Yzg2OTc1YzMtZjMwNi00NzM0LTk5NjQtMWY1M2MxMDRmNmJk%40thread.v2/0?context=%7b%22Tid%22%3a%222dd8fee4-2f74-4b12-8ed1-13fd20614fcc%22%2c%22Oid%22%3a%22c3bb5026-9a1d-4563-8972-cbaf391ea640%22%7d)

Meeting ID: 445 297 226 657 6

Passcode: Yp3Q3zk6

**Resolution #1**

**Minutes of the 2024 Annual General Meeting** For / Against / Abstain\* (Choose One)

**Resolution #2**

**To Accept the 2025 Annual Report including** For / Against / Abstain\* (Choose One)

Reports of the Chairperson, Treasurer, Chief Executive Officer and the Audited Financial Reports

**Resolution #3**

**Motion to Endorse the election of;**

**Emily McCain** as a board member of Down Syndrome WA For / Against / Abstain\* (Choose One)

**Daniel Spencer** as a board member of Down Syndrome WA For / Against / Abstain\* (Choose One)

**\*Note**: if you mark 'Abstain' for a particular item, you are directing your proxy not to vote on your behalf on a show of hands or on a poll and your votes will not be counted in calculating the majority on a resolution.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (of Member appointing Proxy)

Please refer to the Notice of Meeting and accompanying Explanatory Statement for details of each resolution.

Proxy Forms must be returned to DSWA no later than 7.00 pm (AWST) on Tuesday 21 October 2025 by one of the following methods:

By email: secretary@downsyndromewa.org.au

By post: **Down Syndrome Association of WA Inc.
PO Box 555 Cloverdale WA 6985**