**Annual General Meeting**

**Tuesday 23rd November 2021**

**PROXY FORM**

**To:** The Chairperson

 Health Consumers’ Council (WA) Inc.

 GPO Box C134

 Perth 6839 WA

I *(insert name)*

being a member Health Consumers’ Council (WA) Inc. hereby appoint:

1. The Chairperson\_\_\_\_(tick)

**OR**

2.

 Name of Appointee

 (must be a member of Health Consumers’ Council)

as my proxy to vote on my behalf at the Annual General Meeting to be held on Tuesday 23rd November 2021

**Please return this form by close of business**

**Tuesday 2nd November 2021**

|  |  |  |  |  |  |
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| **EMAIL:****FAX:** | info@hconc.org.au(08) 9221 5435 | **POST:** | Executive Director Health Consumers’ CouncilGPO Box C134Perth WA 6839 | **HAND DELIVER TO:** | Unit 6 Wellington Fair40 Lord Street East Perth WA  |