**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMAIL:**  **FAX:** | info@hconc.org.au  (08) 9221 5435 | **POST:** | Executive Director  Health Consumers’ Council  GPO Box C134  Perth WA 6839 | **HAND DELIVER TO:** | Unit 6 Wellington Fair  40 Lord Street  East Perth WA |