

## **APPOINTMENT OF PROXY FORM**

l,		
(Insert REPRE	SENTATIVE'S name)	
of		
(Insert MEMB	ER ORGANISATION NAME)	
being a mer	nber of WA Landcare Network Inc.	
APPOINT		
(Insert PROX)	('S name)	
who is also a	representative of a member group of the WA Land	care Network Inc., as my proxy.
MY PROXY IS	AUTHORISED TO VOTE ON MY BEHALF:	
(Tick only <b>ON</b>	<b>IE</b> of the following)	
	at the General Meeting (and any adjournments of the meeting/s) on: 4.30 pm, Friday 21 June, 2019	
	OR	
	in relation to the following resolutions and/or nominations	
	In Favour / Against (Circle preference)	
	<ul> <li>Representatives of WALN Member Groups endors</li> <li>Renouncement of the current Rules of Association Network.</li> <li>Adoption of the new Rules of Association of as set out in the General Meeting Papers an</li> </ul>	the WA Landcare the WA Landcare Network
Signature:	Date:	(Representative appointing Proxy)

This written notice must be given to the Secretary not later than 24 hours prior to commencement of the General Meeting.