



PROXY FORM

ADHD WA 2024 ANNUAL GENERAL MEETING

I (Name) _____ of (Address) _____

Being a member of the ADHD Western Australia Inc. hereby appoint

(Name) _____ of (Address) _____

or failing him/her* the **Secretary Mary Butterworth*** (delete if not desired)

as my proxy to vote for me on my behalf at the Annual General Meeting of Members of ADHD WA to be held at 6.00pm on the 25th of November 2024 and at any adjournment thereof.

Dated _____ day of _____ 2024

SIGNED by the Said _____

VOTING BY PROXY

Please note that your proxy **MUST** hold a current membership with ADHDWA and must attend the AGM.

Alternatively, please state that your proxy is for the Secretary of the Board of Management of ADHD WA.

To vote by proxy, please download, print, complete and sign the Proxy Form and return by:

- **post** PO BOX 2039 Claremont North WA 6010
- **or in person** to ADHD WA Hub, 109 Montgomery Avenue Mount Claremont WA 6010
- **email** to ADHD WA at hello@adhdwa.org

so that it is received not later than 6:00 pm on 25.11.2024. **Proxy Forms received later than this time will be invalid.**