



HSV Owners Club of WA
PO Box 05
Welshpool
WA 6986

Form of Appointment of Proxy

I, _____
(full name)

Of, _____
(address)

Being a financial member of the HSV Owners Club of WA (Incorporating HDT)

Hereby appoint _____
(full name of proxy)

Of _____
(address)

OR

Hereby appoint the chair of the meeting — Yes (tick box) ☐

Being a member of that incorporated association, as my proxy to vote for me on my behalf at the annual general meeting of the association held on the **31st March 2026**, and at any adjournment of that meeting.

Signature of member appointing proxy

Date

Please complete and return to:

The Secretary, HSV Owners Club of WA, PO Box 05, Welshpool WA 6986
Or email to: ClubSecretary "at" hsvownersclubofwa.com.au