SCHEDULE 2 FORM OF APPOINTMENT OF PROXY

I,		
	(Insert F	ULL NAME of member – BLOCK letters)
of		
	(address	s of member)
being a member of Optometry Western Australia Incorporated ("Association") and entitled to vote,		
APPOINTS		
		(insert FULL NAME of proxy – BLOCK letters)
of		
		(address of proxy)
being a (insert type) Member of the Association and entitled to vote, as my proxy to vote for me on my behalf at the		
Annual General Meeting; or		
Special General Meeting		
of the Association to be held on:		
		and at any adjournment of that meeting.
(insert date of meeting)		
My proxy is authorised to vote		
in favour of		
	against	
the following resolution (insert details of resolution):		
SIGNATURE OF Member:		
DΛ	DATE: / /	
DATE:///		