

ECAWA

The Educational Computing Association of Western Australia (Inc)

PO Box 297 Claremont WA 6910
ABN 34 298 784 462



Will you be the representative of your school or organisation voting at the ECAWA AGM?

The ECAWA Rules give voting rights to individual / personal members and to **one representative member** from an **Organisational or School membership**.

In order for Organisational or School members to vote we need to ascertain who that representative member is.

If you are attending the Annual General Meeting and will be voting on behalf of your school or organisation, please ensure this form is completed and signed, and **return it to the Secretary (secretary@ecawa.wa.edu.au) as soon as possible, and before the beginning of the AGM** at the latest.

APPOINTMENT OF ORGANISATIONAL OR SCHOOL MEMBER'S REPRESENTATIVE

.....
(Insert name of SCHOOL or ORGANISATIONAL MEMBER of the EDUCATIONAL COMPUTING ASSOCIATION of WESTERN AUSTRALIA Inc)

advises that, on, it RESOLVED that
(Insert date of decision)

.....
(Insert name of REPRESENTATIVE of the above School or Organisational member)

shall represent it at the Annual General Meeting of the EDUCATIONAL COMPUTING ASSOCIATION of WESTERN AUSTRALIA (Inc) to be held on Saturday the 22nd of February, 2025, and at subsequent meetings until this authority is revoked.

The organisational member acknowledges that this authority will be revoked on the expiration of the SCHOOL or ORGANISATION's membership of the EDUCATIONAL COMPUTING ASSOCIATION of WESTERN AUSTRALIA (Inc), unless that membership is renewed by the due date.

The organisational member acknowledges that according to rule 19(4) of the Association a person appointed to represent a member which is an organisation is deemed for all purposes to be a member until that appointment is revoked by the organisational member or, in the case of an appointment in respect of a particular general meeting, which appointment is not so revoked, the conclusion of that general meeting.

Signature of Authorised Person:

Name: Position: Date:

Signed in the presence of:

Signature of witness:

Name: Position: Date: