



IEPA
Early Intervention in Mental Health

FORM OF APPOINTMENT OF PROXY

I
(name)

of
(address)

being a member of the IEPA Early Intervention in Mental Health Association

appoint

(name)
of
(address)

being a member of this Association, as my proxy to vote on my behalf at the Special General Meeting of the IEPA Early Intervention in Mental Health Association being held in June 2021.

Signed

Date

Membership No