



AUDIOMETRY NURSES ASSOCIATION of AUSTRALIA Inc.
The professional organisation for Audiometry Nurses

APPOINTMENT OF PROXY FORM

ANAA Inc. AGM

(/ /)

I (print full name) _____

Of (print address) _____

Being a current financial member of the ANAA Inc. do hereby appoint:

(Print full name of proxy) _____

Of (print address) _____

As my proxy to vote on my behalf at the General Meeting of the ANAA Inc. to be held on (/ /) and at any adjournment of that meeting, in accordance with the following directions (or if no directions are given, as the proxy sees fit).

My proxy is authorised to vote **for/against** (delete as appropriate) the motion (leave blank if proxy is to vote as they see fit, or if desired insert voting instructions)

Signature of member appointing proxy: _____

Date: _____