



ANBMT
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PROXY

Annual General Meeting

Appointment of Proxy holder

I appoint the following to be my proxy (each of whom is a Practising Member in Good Standing of the Association of New Brunswick Massage Therapists):

_____ (Please print name)

*or failing him or her (not required, optional)**

_____ (Please print name)

*or failing him or her (not required, optional)**

_____ (Please print name)

***Proxyholders must have voting rights (a practising member in good standing) and be an attendee at the meeting.**

***Voting members shall hold no more than four (4) proxies.**

***The completed proxy form must be received at the Association office three (3) days preceding the General Meeting.**

General Authority

I hereby authorize my proxyholder to attend, vote, and act on my behalf at the Annual General Meeting, in accordance with the agenda items outlined.

Member Name and Signature

Name of Member: _____ [Please Print Name]

Member's Signature and Date (YY/MM/DD):

____/____/____
Year/Month/Day

PROXIES MUST BE RETURNED AND RECEIVED BY THE ANBMT NOT LATER THAN 3 DAYS PRECEDING THE GENERAL MEETING, FOR RECORDING AND ACCREDITATION.