



**AUSTRALIAN MEDICAL ASSOCIATION  
NORTHERN TERRITORY INC.**

**ANNUAL GENERAL MEETING  
PROXY FORM**

TO: Executive Officer  
Australian Medical Association Northern Territory Inc.  
PO Box 2299  
PARAP NT 0804  
Fax: 08 8941 0937

Email: [ftomson@amant.com.au](mailto:ftomson@amant.com.au)

I, .....  
*(insert name – please print)*

of .....  
*(insert address – please print)*

being an Ordinary Member of the Australian Medical Association Northern Territory Inc.  
hereby appoint:

.....  
*(insert name – please print)*

of .....  
*(insert address – please print)*

or failing that person .....  
*(insert name – please print)*

of .....  
*(insert address – please print)*

as my proxy to vote for me and on my behalf at the Annual General Meeting of the  
Association

to be held on the 10<sup>th</sup> day of May 2022, and at any adjournment thereof.

I direct that my proxy shall vote as follows:

.....

SIGNED ..... this ..... day of ..... 2022