



AMA
NORTHERN TERRITORY Inc.

**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

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 27th day of May 2021, and at any adjournment thereof.

I direct that my proxy shall vote as follows:

.....

SIGNED this day of 2021