



Building 22, Concord Hospital,
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NOMINATION FORM

I (Mr. Mrs. Ms.) Please indicate.
of

.....
(Address)

being a current financial member of CMT AUSTRALIA (Charcot-Marie-Tooth Association of Australia Inc.) wish to nominate for the position of: President, Vice President, Secretary, Treasurer, Committee – 3 positions. Please indicate below which position:

.....

Signed: **Date**

1st Member's signature

2nd Member's signature

If you are not attending and wish to appoint a proxy, please fill out the Proxy Form below.

FORM OF APPOINTMENT OF PROXY

I, (print your full name of member appointing a proxy)

of,
(address)

being a current financial member of the Charcot-Marie-Tooth Association of Australia Inc. **hereby appoint**

.....
(full name of proxy) of

.....
(address of proxy)

being a current financial member of the Charcot-Marie-Tooth Association of Australia Inc., **as my proxy to vote for me on my behalf** at the Annual General Meeting of the Association, to be held on October 10th, 2020, and at any adjournment of that meeting.

.....
Signature of member appointing proxy **Date:**

NOTE: A proxy may not be given to a person other than a member of CMTAA Inc. and must be delivered to the Secretary prior to the meeting for which the proxy applies.