



# CMT AUSTRALIA

Charcot-Marie-Tooth Association Australia Inc.

ABN 63 076 189 912 Registered Charity – ACNC

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## NOMINATION FORM

I ..... (Dr. Mr. Mrs. Ms. please indicate)  
of ..... (address)  
being a current financial member of CMT Australia (Charcot-Marie-Tooth Association Australia Inc.)  
wish to nominate ..... (Person being nominated)  
for the position of ..... (please indicate which position)

Signed by the nominee ..... Date .....

Signed by the proposer ..... Date .....

Signed by the seconder ..... Date .....

**If you are not attending and wish to nominate a proxy, please complete the separate form.**

## Form of Appointment of Proxy

(Clause 35)

I, .....

*[full name of member appointing a proxy]*

of .....

.....

*[address]*

Being a member of the Charcot-Marie-Tooth Association of Australia (CMTAA) Incorporated

hereby appoint .....

*[full name of proxy]*

being a member of that Association, as my proxy to vote for me on my behalf at the general meeting of the Association Annual General Meeting to be held on the 19th day of November 2022, and at any adjournment of that meeting.

.....

*[Print your name]*

.....

*[Your signature]*

.....

*[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. This may be delivered by email or post.**