

T 1300 730 450 E info@paramedics.org
PO Box 3229, Umina Beach NSW 2257 Australia
ABN 39 636 832 061 | ACN 636 832 061

Form of Appointment of Proxy

Australasian College of Paramedicine Limited (incorporated under the *Corporations Act 2001*)

PROXY FORM

(Please print your name and address)							
Name	of Member:						
Email	:						
Addre	ess:						
City:		State:	Postcode:				
Telep	hone:						
Appoints	5						
Name	Name:						
(Please p	(Please print name of proxy)						
Paramed	the Chairperso	n sees fit at the Annual (b be held on Friday 30 th (s or, if no directions have been given, as the General Meeting of Australasian College of October 2020 commencing at 1:00pm AEDT and				
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		n 3: Confirm the appoint the Board determine.	ment of <i>i</i>	Astrid K	uivasaari as an Appointed Director for such a		
		Yes		No			
Item 6 on the Agenda: Election of Member Directors							
	Election of 2 Member Directors: Please indicate your preferences by placing a clear mark in 2 the boxes below – mark only 2 boxes. You can mark less than 2 boxes if you choose, however you mark more than 2 boxes, then your vote will be declared invalid.						
		David Burns			Bill Lord		
		Ryan Lovett			Peter Mangles		
		Gavin Smith					
	Upon completion of the member Director vote, I direct my proxy to pass all motions necessary to elect the two candidates with the most votes.						
4.	Signature						
5.	Date						
Pro	xy forms m	ust be returned by 1pm	(AEDT)	on Wed	nesday 28 th October by email or post.		
Em	Email: proxy@paramedics.org			Post:	Australasian College of Paramedicine PO Box 3229 Limina Beach NSW 2257		
					PO Box 3229 Umina Beach NSW 2257		