



FORM OF APPOINTMENT OF PROXY

For Meeting of

Australia and New Zealand Urological Nurses Society Inc.

To be held at on

I.....
(Name)

Of.....
(Address)

being a member of Australia and New Zealand Urological Nurses Society Inc.

Appoint.....
(Name)

Of.....
(Address)

being a member of Australia and New Zealand Urological Nurses Society Inc.

As my proxy to vote for me on my behalf at the

.....

or at any adjournment of that meeting.

Signed.....

Dated.....

To be received by the President no later than 1 week prior to the meeting.

anzunspresident16@gmail.com