



## New Brunswick Association of Respiratory Therapists

**Title:** Appointment of Proxy Holder

**Date Approved:** September 1, 2017

**Date(s) revision approved:**

### Form

The undersigned member of The New Brunswick Association of Respiratory Therapists does hereby appoint \_\_\_\_\_, also a member of The New Brunswick Association of Respiratory Therapists, to act as proxy and vote on his/her behalf on all matters that may come before the \_\_\_\_\_ (meeting name) of The New Brunswick Association of Respiratory Therapists, taking place on \_\_\_\_\_ (date) in \_\_\_\_\_ (meeting location).

#### Member Information:

Member Name (please print): \_\_\_\_\_

Member Registration Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Proxy Holder Information:

Proxy Holder Name: \_\_\_\_\_

Proxy Holder Registration Number: \_\_\_\_\_

Proxy Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***A proxy holder must be an active registered member of the Association. No one member will be allowed to carry more than five proxy votes. All proxies must be received by the Association at least 24 hours before the meeting specified in the proxy. The NBART does not recognize directed proxies.***