

PROXY NOMINATION FORM



PLEASE PRINT CLEARLY – FORMS MUST BE LEGIBLE TO BE VALID.
NOMINATORS AND NOMINEES MUST BE FINANCIAL MEMBERS OF
SAMSA TO HAVE VOTING RIGHTS

Name of member (nominator)	
Signature of member (nominator)	

I (nominator) authorise the member named below (nominee) to act as my proxy in respect to voting during the SAMSA meeting to be held on:

Date of meeting	Thursday, July 16 th 2015
Name of meeting	SAMSA Annual General Meeting
Venue	Verco Conference Room, SA Pathology, IMVS Building, Adelaide

Name of SAMSA member nominated to act as proxy voter:

Name of member (nominee)	
Signature of member (nominee)	

	TICK PREFERRED
I give my proxy authority to vote on ALL issues at the meeting named above	<input type="checkbox"/>
I restrict my proxy to voting only on the issues specified below at the meeting named above	<input type="checkbox"/>

Please return this form to

Austin Milton, SAMSA Secretary
Stroke Research Programme
The Basil Hetzel Institute,
38A Woodville Road,
Woodville, SA 5011

SCAN AND EMAIL to: secretary@samsa.org.au
OR Fax to: (08) 8222 7872