



2020 DANA AGM

Proxy Voting Form

Associations Incorporation Regulation 2010

The Drug and Alcohol Nurses of Australasia, Inc

(‘the Association’)

Note: Before completing this proxy form, please read the “How to vote” section below.

I, **(full name)** of **(address)** being a member of the Association, hereby appoint **(full name of proxy)** of **(address)** as my proxy to vote for me on my behalf at the annual general meeting of the association to be held on **13th August 2020** and at any adjournment of that meeting.

If:

- (a) You wish your proxy to vote in favour of the proposal—write the word “YES” in the box provided below, **OR**
- (b) You do not wish your proxy to vote in favour of the proposal—write the word “NO” in the box provided below.

My proxy is authorised to vote in favour of/against *(delete as appropriate)* the resolution(s) as follows:

Resolution	Vote: Yes or No
1. Adoption of 2019 DANA AGM Minutes	
2. Adoption of management committee reports	
3. Adoption of financial statements	
4. Motion to close the meeting	

Please note:

- If you do not complete the above direction, your proxy may vote as they think fit;
- If you complete the form inconsistently, you are deemed to have voted in favour of the resolution.

I confirm that:

- (1) Both I and my proxy are full members of the association;
- (2) Both I and my proxy are current financial members of the association;
- (3) Both I and my proxy are 18 years old or more;
- (4) My proxy has agreed to act as such.

I understand that any disagreement I have with how my proxy votes is a matter between myself and my proxy and that the association is entitled to act on the vote of my proxy.

DANA Member name: _____

DANA Membership number: _____

Signature: _____

Date: _____

Proxy name: _____

Proxy Membership number: _____