



FORM OF APPOINTMENT OF PROXY

I, _____ of
(full name)

(address)

being a **member** of the Australian College of Midwives NSW Branch Incorporated
(ACM NSW)

hereby appoint _____
(full name of proxy)

of _____
(address)

being an eligible financial **member** of the ACM NSW, as my proxy to vote for me on my behalf at the Election to be held during the Annual State Conference on 7-8 August, 2009 and at the Annual General Meeting of the ACM NSW to be held on Saturday 8th August, 2009.

Name and membership number of member appointing proxy

_____ No. _____

Signature of member appointing proxy

_____ Date: _____

NOTE: A proxy may not be given to a person who is not a member of the ACM NSW.



You will need to submit this proxy form to the Secretary ACM NSW by no later than 10am on 1st August 2009. Fax: 02 9281 0335 PO Box 62, Glebe NSW 2037.