

Asthma Foundation NT

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Winnellie NT 0821

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**PROXY FORM FOR ASTHMA FOUNDATION NT AGM**

The Secretary

The Asthma Foundation of the Northern Territory Inc

PO Box 39962

WINNELLIE NT 0821

**I/We (full name(s)** ………………………………………………………………………………….……….…………..……

**Appoint (full name)** ………………………………………………………………………………………………….……….

**As my/our proxy to vote on my/our behalf (including adjournments) at the Asthma**

**Foundation NT (AFNT) annual general meeting to be held on** ………..……….……………………

**Signature(s) of current AFNT members**: ………………………………………………………………...………

……………………………………………………………………………………………………….…………………………….………

**Residential address:** ……………………………………………………………………………………..….……………..

……………………………………………………………………………………………………………………………….……………

**Date:** …………………………………………….