



**Asthma**  
Foundation  
Northern Territory

Asthma Foundation NT  
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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:** .....