



ANZCA
FPM

Australian and New Zealand
College of Anaesthetists
& Faculty of Pain Medicine

Proxy form

I, _____ of _____ (jurisdiction)
being a member and fellow (FANZCA/FFPMANZCA) of the Australian and New Zealand College
of Anaesthetists hereby appoint
_____ of _____ (jurisdiction)
or failing them
_____ of _____ (jurisdiction)
as my proxy to vote for me on my behalf at the annual general meeting of the college to be held on
Monday 6 May 2024 and any adjournment thereof.

Item No.	Resolutions	For	Against	Abstain
1	Annual Financial accounts and Auditor's Report			

Signature	
Name	
Date	

Note:

In the event of the fellow desiring to vote for or against any resolution they shall instruct their proxy accordingly. Unless otherwise instructed, the proxy may vote as they think fit.

Appointments of proxy must be received by the Chief Executive Officer no later than 48 hours prior to the commencement of the meeting and should be emailed to CEO@anzca.edu.au

Further queries can be directed to the ANZCA Corporate Office by email to CEO@anzca.edu.au