



NANB PROXY VOTING Authorization Form

I, _____, a registered practising member of the Nurses Association of New Brunswick, hereby appoint _____, registration number _____, as my proxy to act and vote on my behalf, at the Annual General Meeting of the Nurses Association of New Brunswick to be held May 16, 2024, and any adjournment thereof.

Signed this day the _____ of _____ 2024.

Registration No. _____
(six digits beginning with 0)

Signature _____

Original signed Proxy Voting Authorization Form must be received before May 10, 2024 at 13:00 hrs. The scanned form can be submitted by email or fax.

Email: nanb@nanb.nb.ca
Fax: 506-459-2838