



**AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF PSYCHIATRY, PSYCHOLOGY
AND LAW INC (NSW BRANCH)**

Appointment by Proxy Form

I

(full name)

.....

(address)

am a member of the Australian and New Zealand Association of Psychiatry,
Psychology and Law and hereby appoint

.....

(full name of the proxy)

a member of the Australian and New Zealand Association of Psychiatry,
Psychology and Law, as my proxy to vote for me on my behalf at the 2020
Annual General Meeting of the Association and at any adjournment of that meeting.

.....

(signature of member appointing proxy)

.....

(date)

Proxy forms should be emailed to the NSW Branch Committee no later than 24 hours
before the time of the meeting in respect of which the proxy is appointed.

Committee contact details:

E: nsw@anzappl.org