

autismNT

**PROXY FORM
For Annual General Meeting
6th March 2024**

I, _____ of _____
Print full name *Print full address*

being a current financial Member of Autism NT Incorporated appoint:

_____ of _____
Print full name of appointee *Print full address*

who is a current financial Member of Autism NT Incorporated to be my proxy on the day of the 2023 Autism NT AGM (6th March 2024).

I do / do not (delete as applicable) wish to be recorded as an official apology for the meeting, as I am unable to attend.

Date: / / 2024 Signature: _____

Please return this form by **Wednesday 28th February 2024**
to the Autism NT Office, shop 10D, Goyder Centre, 25 Chung Wah Terrace, Palmerston,
NT, 0830
or by email to autismnt@autismnt.org.au