



NANB Proxy voting form (please print)

I, _____, a practising nurse
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 meeting of the Nurses
Association of New Brunswick to be held June 5, 2019 and any adjournment thereof.

Signed this day _____ of _____ 2019.
Registration no _____
Signature _____

Original signed proxy forms must be received before May 31, 2019 at 1300 hrs.
Forms sent by mail or scanned original copies sent by email or fax will be accepted.

Mailing Address:
NANB, 165 Regent St.,
Fredericton, NB E3B 7B4
E-mail: nanb@nanb.nb.ca
Fax : 506-459-2838