

**NLMTA - Proxy Form**

**Annual General Meeting  
October 20<sup>th</sup>, 2019**

I, \_\_\_\_\_, certify that I am an Active Member in good standing with the Newfoundland and Labrador Massage Therapists Association.

I hereby authorize \_\_\_\_\_, an Active Member in good standing with the Newfoundland and Labrador Massage Therapists Association to vote on my behalf in all matters and on all motions to come before the Membership at the Annual General Meeting of the Newfoundland and Labrador Massage Therapists Association to be held on Sunday, October 20, 2019.

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Granting Member's Signature

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Date