



PROXY FORM

I, _____, a **voting (Active) member** in good standing of the Association of the Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada), hereby give my proxy to **Dr. Todd Hatchette, President of AMMI Canada**,

OR (complete only if you wish to name someone other than the AMMI Canada President as your proxy.)

I hereby give my consent for _____, a **voting (Active) member** in good standing; to serve as my proxy to attend, act, and vote on my behalf at the Annual General Meeting of members to be held Thursday, April 4, 2019 at 07:30-08:45 in the Governor General Ballroom III of the Westin Ottawa, Ottawa, ON.

OPTION

Further, I wish to register the following limitations to the exercise of my proxy with respect to any agenda item(s) or amendments listed below:

Name: _____ Date: _____

Signature: _____

Note: It is the responsibility of the member to determine whether the person to whom they assign the proxy is able and agrees to act in the manner described.

Please ensure delivery of the completed proxy to AMMI Canada **no later than April 2, 2019, at 12:00 (Eastern Time)**.

By fax: 613-260-3235

**By mail: AMMI Canada
192 Bank Street
Ottawa ON K2P 1W8**

Via Email: membership@ammi.ca