



ALBERTA ATHLETIC THERAPISTS ASSOCIATION

Proxy Vote Authorization

I _____ hereby authorize _____

to vote on my behalf on items brought forth at the AATA AGM on March 9, 2008 in
Edmonton, Alberta.

Member name _____

Member CATA number _____

Voting member present name _____

Voting member present CATA number _____

Date _____

Signature member absent _____

Signature member present _____

This form must be presented at the beginning of the AGM, upon signing in, to ensure that all numbers are counted towards the quorum.

Thank you

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Regional Chapter of the Canadian Athletic Therapists Association