



College of Nursing of New Brunswick

CNNB PROXY VOTING Authorization Form

I, _____, a registered practising member of the College of Nursing of New Brunswick, hereby appoint _____, registration number _____, as my proxy to act and vote on my behalf, at the Annual General Meeting of the College of Nursing of New Brunswick to be held May 20, 2026, and any adjournment thereof.

Signed this day the _____ of _____ 2026.

Registration No. _____
(six digits beginning with 0)

Signature _____

Original signed Proxy Voting Authorization Form must be received before May 16, 2025 at 13:00 hrs. The scanned form can be submitted by email or fax.

Email: nanb@nanb.nb.ca
Fax: 506-459-2838