

Deaf Advocacy, Sports & Recreation ACT Inc.

APPOINTMENT OF PROXY FORM

(Full nam	e in block letters)
	of
	(Address)
being a financial memb	per of DeafACT, wish to appoint
(Name	of proxy holder)
	of
(Address	s of proxy holder)
Meeting of Deaf Advocacy, Sports & Recreation A	, as my proxy to vote for me on my behalf at the General CT Inc. (Annual general meeting, ovember 2024 and at any adjournment of that meeting.
My proxy is authorised to vote in favour of/agains	st* the following resolution (insert details of resolution)
Signed:	Date:

Note: A proxy vote may not be given to a person who is not a member of the association

To be completed, signed and returned to secretary@deafact.org.au by 5pm Thursday 14th November 2024.