

## Deaf Advocacy, Sports & Recreation ACT Inc.

## APPOINTMENT OF PROXY FORM

(Full name i	n block letters)
	of
(Ac	ldress)
	of DeafACT, wish to appoint
(Name of	proxy holder)
·	of
(Address of	f proxy holder)
Meeting of Deaf Advocacy, Sports & Recreation ACT	my proxy to vote for me on my behalf at the General Inc. (Annual general meeting or other general meeting, ember 2025 and at any adjournment of that meeting.
My proxy is authorised to vote in favour of/against*	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 <a href="mailto:secretary@deafact.org.au">secretary@deafact.org.au</a> by 5pm Thursday 27th November 2025.