Deaf Advocacy, Sports & Recreation ACT Inc.

APPOINTMENT OF PROXY FORM

_____

(Full name in block letters)

of

_____

(Address)

being a financial member of DeafACT, wish to appoint

_____

(Name of proxy holder)

of

_____

(Address of proxy holder)

being a member of that Incorporated Association, as my proxy to vote for me on my behalf at the General Meeting of Deaf Advocacy, Sports & Recreation ACT Inc. (Annual general meeting or other general meeting, as the case may be), to be held on **Sunday 29th November 2026** 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 secretary@deafact.org.au by **5pm Thursday 26th November 2026.**

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ABN: 25826092369