ACT Canine Association Inc. (ABN 11150955611) trading as Dogs A.C.T.

Exhibition Park, Federal Highway, Mitchell, ACT

PO Box 815 Dickson ACT 2602 Phone 02 6241 4404

Email: [admin@dogsact.org.au](mailto:admin@dogsact.org.au) or visit: <http://www.dogsact.org.au>

The completed ‘Appointment of Proxy Form’ must be received by the Administrator, Dogs ACT at the above email

***no later than 7.30pm on 26th October 2020***. Each financial member is entitled to appoint another financial member as proxy. Associate and Junior Members are ***not*** entitled to either appoint a proxy or act as a proxy.

**Appointment of Proxy**

I, ..........................................................................................................................................................................................

(full name – Please print)

of .........................................................................................................................................................................................

(address – Please print)

a member of **ACT Canine Association T/A Dogs ACT**

appoint .................................................................................................................................................................................

(full name of proxy – Please print)

of .........................................................................................................................................................................................

(address – Please print)

a member of that incorporated association, as my proxy to vote for me on my behalf at the annual general meeting of the association to be held on ***Tuesday 27th October 2020*** and at any adjournment of that meeting.

**Resolutions:**

1. **Council Election**

My proxy is authorised to vote in favour of / againstthe above resolution

Please place an ‘X’ in the box if you are

authorising your proxy to vote on resolution 1

otherwise leave blank

1. **Dogs ACT Penalty Guidelines**

My proxy is authorised to vote in favour of / againstthe above resolution

Please place an ‘X’ in the box if you are

authorising your proxy to vote on resolution 2

otherwise leave blank

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(Signature of member appointing proxy) (Dogs ACT Membership No)

Date ..................................................................