

PROXY FORM

NAME:		
DATE OF BIRTH:		
ADDRESS:		
CITY:		
paid member who Alberta Kodokan Bl appoint my behalf at the Ar	is 18 and older or a yudansha, ack Belt Association (also know a nual General Meeting of the r eer, Alberta on the 29th day o of.	and in good standing of the wn as Judo Alberta), hereby s my proxy to vote for me on nembers of the Association
Dated this	day of	, 2020.
SIGNATURE:		

RANK:			