

PROXY FORM

NAME:		
DATE OF BIRTH:		
ADDRESS:		
CITY:		
paid member who is 1 Alberta Kodokan Black appoint my behalf at the Annu	8 and older or a yudansha, and Belt Association (also known as mal General Meeting of the meron, Alberta on the 25th day of N	d in good standing of the as Judo Alberta), hereby ny proxy to vote for me on mbers of the Association
Dated this	day of	, 2017.
SIGNATURE:		
D A NIV.		