

PROXY FORM

I, _____ a voting member in good standing of the Ontario Kinesiology Association (OKA), hereby exercise my right of proxy as follows (please indicate order of preference for your proxy):

[] Sabrina Francescut, President;

OR failing her,

[] Janice Ray, Secretary-Treasurer

OR failing her,

[] _____, as my proxy to attend, act, and vote on my behalf at the Annual General Meeting of members to be held ***Saturday April 28 at 12:00 noon at the University of Waterloo, Waterloo, Ontario***

Name (print): _____

Signature: _____

Date: _____

Please ensure delivery of the completed proxy no later than 5:00 p.m. on Thursday April 26, 2018

Ontario Kinesiology Association
6700 Century Avenue, Suite 100
Mississauga, ON L5N 6A4

FAX: 905-567-7191

PROXIES SUBMITTED AFTER THE SUBMISSION DEADLINE WILL NOT BE ACCEPTED