

## Proxy of Member

(Due by 9:00 a.m. 1/19/2023 - 24 hours prior to vote)

The undersigned, being an Active Member of the National Bison Association for at least thirty (30) days, hereby appoints (print) \_\_\_\_\_ to be my lawful proxy to attend and represent me at the membership meeting of the Association to be held in Westminster, Colorado, and at any adjournment thereof; to vote and act for me on any matter that may come before the meeting; and take any other action which I could presumably take if present at the meeting. I understand that my designated proxy may only act on behalf of two (2) Active Members and that if my proxy already represents more than two (2) Active Members this proxy will be invalid. This proxy shall remain in effect of eleven (11) months from the date set forth below unless earlier revoked by me or replaced by substitution. **I UNDERSTAND THAT I MAY REVOKE THIS PROXY BY SIGNING A SEPARATE REVOCATION FORM AT ANYTIME PRIOR TO THE MEMBERSHIP VOTE AT THE ANNUAL MEETING AND DELIVERING THE FORM TO THE NBA SECRETARY. IF MY PROXY HAS ALREADY RECEIVED MY BALLOT FROM THE SECRETARY, I AM RESPONSIBLE FOR RETRIEVING THE BALLOT FROM MY PROXY.**

\_\_\_\_\_  
Active Member's Name (Print or Type)

\_\_\_\_\_  
Active Member's Company

\_\_\_\_\_  
Active Member's City and State/Province

\_\_\_\_\_  
Active Member's Signature

\_\_\_\_\_  
Date

### STATEMENT BY PROXY:

The undersigned represents and warrants that he/she is authorized to act as proxy for no more than two (2) Active Members of the Association, one of who has executed this Proxy Form.

NAME OF PROXY (Type or Print) \_\_\_\_\_

SIGNATURE OF PROXY \_\_\_\_\_

### INSTRUCTIONS:

1. Member should sign name exactly as it appears on membership certificate or list of members.
2. Fill in all the blanks above.
3. Your proxy must be filed with the Secretary of the National Bison Association, 8690 Wolff Ct., #200, Westminster CO 80031, at least 24 hours before the meeting. Please email to [jim@bisoncentral.com](mailto:jim@bisoncentral.com).