

AuSable Huron Condominium Campground Association (AHCCA)

PROXY

I, _____ appoint: _____ or
_____. Either one of those persons to be my proxy on behalf of unit
number(s) _____ of the AuSable Huron Condominium Campground
Association to be held _____ and any adjournment of said meeting.

Dated: _____

Signature: _____

Owner of Unit(s): _____

Or the Co-Owner of that unit(s) who has been designated as the person entitled to exercise the unit(s)
Membership in the Association.
