

PROXY FORM: FOR VOTING MEMBERS ONLY

Committee Name:
Meeting Date:
(Print Name of Department / Area You Represent)
m unable to attend the above meeting and do hereby designate the following person as my proxy for this meeting both quorum and voting purposes.
(Print Name of Person You Are Assigning Your Proxy To)
Your SIGNATURE:DATE:
Print YOUR NAME:
Proxies must be signed & dated. Email and/or deliver a copy to the for the committee. BRING THIS COMPLETED FORM to the meeting.