



PROXY FORM

MEETING: _____

LOCATION: _____

DATE: _____

I, _____, do hereby give my PROXY to _____ who is a Democrat, registered within the _____ County and the _____ District/Precinct, with authority to vote in my place on any and all matters that may come before said meeting unless otherwise instructed below.

Signature: _____

Print Name: _____

Office: _____

Address: _____

Instructions for use of Proxy (if none, write "None")

Witness One Name _____ Signature _____

Witness Two Name _____ Signature _____

Bylaw 35: Proxy Types - A.2 A written proxy must clearly state the name of the person giving the proxy, the office held, the name of the person whom the proxy is given, and the date of the meeting for which the proxy is given. **It must be signed and witnessed in-person by two non-related adults.**

