**Federal Managers Association**

**PROXY FORM**

To: FMA National Secretary

From: Chapter #\_\_\_\_\_\_\_\_\_\_

Name of Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President (or designated chapter officer)

of FMA Chapter # \_\_\_\_\_\_\_\_\_\_\_, do hereby assign my PROXY to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This PROXY is valid for all votes (or is limited to those issues stated in

remarks section) arising during the (Convention/Conference/Meeting).

This PROXY shall be invalid immediately upon the close of the (Convention/Conference/Meeting) unless rescinded by me, in writing at an

earlier time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

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(Signature of Witness) (Date)

VALIDATION OF PROXY \*

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(Regional Director’s Signature) (Date)

\* Signature of Regional Director validates the correctness of proxy information.

REMARKS SECTION:

Revised 8/5/10