

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 This PROXY shall be invalid immediately upon the close of the (Convention/Conference/Meeting) unless rescinded by me, in writing at an earlier time.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

(Signature of Witness) (Date)

VALIDATION OF PROXY *

(Regional Director's Signature) (Date)

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

REMARKS SECTION: