NCYSA Proxy Form

(This form may be filled out online and printed). **This form is for (please check one):**

☐ **BOD** ☐ **Classic Council** ☐ **Challenge Council** ☐ **Recreation Council**

Date and Time of Meeting:_____

Location:_____

*** Due by 4:30 the day before the meeting (if the meeting is on a weekend, then due on the Friday before the meeting) or can be hand delivered to the Secretary at the meeting ***

(Check one and complete the remaining blanks)

☐ A. This Association will be represented at this meeting by its delegate or by an authorized alternate from this association. The person representing our association will be _____.
(This MUST carry the name of the person representing the association IF NOT THE PRESIDENT)

☐ B. This Association appoints _____ as its true and lawful Attorney in Fact and Proxy to vote on all business which may legally come before this meeting***.(This needs to carry the name of the person outside of your association that will be representing you.)***
Bylaw 304. Voting. Section 3. Proxy. A person may hold a maximum of four (4) proxy votes (this does include their own association as one of the proxies)

☐ C. This Association relinquishes its right to vote. The Association's right to vote is regained immediately after this meeting ends.

Special Note: If this letter is not returned by the Association, it is assumed that the Association chooses option 'C'.

This Association plans to have _____ (number) persons in attendance at the meeting.

NAME OF ASSOCIATION:_____

OFFICER OR DELEGATE:_____ _____
Print Name Signature

ASSOCIATION/CLUB PRESIDENT:_____ _____
Print Name Signature

DATE:_____

NCYSA FAX NUMBER IS (336) 856-0204.
REMEMBER: *NCYSA staff or Executive Board members CANNOT BE GIVEN A PROXY.*