

## **OSSA** Proxy Ballot

I \_\_\_\_\_\_ (print name) being a member in good standing of the Oxnard Supportive Services Association hereby appoint \_\_\_\_\_\_ (print name of another member in good standing) to cast a proxy vote on all issues on my behalf at the membership meeting to be held on \_\_\_\_\_ and all adjournments of that meeting. On any matters presented for a vote at the Meeting, I hereby authorize the proxy holder to vote as the proxy holder sees fit.

This proxy is to be counted towards quorum for the meeting and shall expire as of the time of the final adjournment of the Meeting, unless it is sooner revoked by me by the actual notice to the Corresponding Secretary that is revoked. Duplication of this form bearing a duplicated signature will be considered void.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Only one vote per unit member is authorized at the Meeting, whether provided by proxy or in person. You must be a member in good standing in order to vote. Please print out and sign your proxy and send it to the person who will be voting for you. That person will bring this document to the meeting.

Do not write below this line

To be complete by Executive Board Member

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

OSSA Proxy Authorization 2024