Please read carefully before assigning your proxy vote.

1. Only Class A, Class B, A-Retired, B-Retired and AA-Life members may vote in GCSAA elections.

2. GCSAA Bylaws provide any voting member in good standing the option to cast his or her ballot at any membership meeting either in person, by proxy or through the official delegate of his or her affiliated chapter.

3. Proxy voting must follow these rules:

A. If you wish to vote by proxy, you must use this official form or a copy/facsimile thereof. The proxy form must be dated and signed (including member number) by the voting member to be considered valid and must be faxed, emailed, mailed or presented in person to your designated proxy holder. (Note: original ink signature is no longer required.)

B. The designated proxy holder must be a voting member of GCSAA in good standing. Note: Members of the GCSAA Board of Directors are not eligible to serve as proxy holders. If a board member receives a proxy, he or she shall give the proxy to his or her respective chapter.

C. **DO NOT** send this form to GCSAA Headquarters. The designated proxy holder must present the signed proxy form for validation during assigned voter check-in hours prior to the Annual Meeting. The proxy may be exercised only by the person or persons named and only at the meeting designated on the form.

**Remember**: If you cannot attend the annual meeting, and are not to be represented by a delegate, it is your obligation and privilege to vote by proxy.

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**Proxy Vote**

I hereby appoint ___________________________ my proxy to represent me at the 20___ Annual Meeting, or at any adjourned meeting, and to act in my stead, authorizing this person fully to do all things that I could or might do if personally present. I also authorize this person to do every act whatsoever necessary or proper to be done in or upon all matters that may lawfully come before said annual meeting or any adjournment thereof. Further, I hereby revoke any proxy or proxies previously given by me to any person or persons.

Date: ___________________ Name: ____________________________

(Please print name legibly).

Signature: ____________________________

Membership Class: ___________ Membership Number: ___________