

If you choose to complete and submit this form, it means that you are going to attend the annual meeting and election and cast your own individual vote. Additionally, you must check in at the voter check-in booth during the GCSAA Conference and Trade Show.

Send this form to:

GCSAA Member Solutions 1421 Research Park Drive Lawrence, KS 66049-3859

Fax: (785) 832-3643

Email: lcooper@gcsaa.org

l,	, being a member in good
standing of the	chapter of GCSAA, wish to
advise the headquarters office that I wil	ll retain my individual voting status in
forthcoming and subsequent elections	at the GCSAA Annual Meeting. I understand that
this commitment will remain in effect ur	ntil such time that I request a change in writing.
	Signed:
	Name:
	(please print)
	GCSAA Classification:
	GCSAA Member Number: