



GPSA Council Official Proxy Form

2019-2020

I, _____ (Rep full name), representing _____ (RDSA) on the GPSA Council, hereby appoint _____ (Proxy full name) to vote for me on behalf of my department at the GPSA Council Meeting to be held on _____ (date).

This individual is a member of GPSA and meets the requirements for proxy voting outlines in the GPSA Constitution. I authorize this person to do every act necessary or proper upon all matters that may come before the Council at this meeting. I also accept that my proxy can decide whether or how to vote for me if I do not show below the way my proxy is authorized to vote for me or if other votes are called before the meeting. Further, I hereby revoke any proxy or proxies previously given by me to any person or persons.

Signature of Council Representative Date

Signature of Person Accepting Proxy Date

Signature of Witness Date

Name of Witness

Received