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