



## **GPSA Council Official Proxy Form**

**2018-2019**

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.

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Signature of Council Representative Date

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Signature of Person Accepting Proxy Date

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Signature of Witness Date

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Name of Witness

Received