



**THIS FORM MUST BE COMPLETED AND TURNED IN TO THE COUNCIL
CHAIR OR GPSA OFFICE PRIOR TO THE LISTED MEETING(S)**

GPSA Representative Proxy Form 2024-2025

I, _____ (Rep full name), representing _____ (RDSA)
on the GPSA Council, hereby appoint _____ (Proxy full name) to vote in my place 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 outlined in the GPSA Constitution and bylaws. 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 Committee Member Date

Signature of Person Accepting Proxy Date

Signature of Witness Date

Name of Witness

Received By: _____

Chair Approval: _____