



PROXY FORM

I, the undersigned, hereby acknowledge that I am an active member in good standing in the DCAFP and that the person designated below has the authority to vote on my behalf on all issues put to a vote by the DCAFP Board of Directors for me at the DCAFP Annual Meeting. (Please note that in accordance with our bylaws, student and resident members may not vote at meetings so cannot fill out a proxy.)

She/He shall vote:

_____ as they wish.

_____ as I have designated: _____

This form must be presented to the DCAFP President prior to the start of the meeting.

NAME OF THE DESIGNATED VOTER (PROXY HOLDER)

NAME OF THE ABSENTEE VOTER

Signature of Absentee voter: _____

Date: _____