PROXY FORM

DATE: ______________________________

Dear JCI Minnesota State President:

Upon your approval and signature, the _______________________ Chapter and Board have agreed to proxy the (please select one) **Chapter President** or **State Delegate** voting responsibilities at the __________________________ Convention to

________________________________________, __________________________.

(NAME) (Position, if applicable)

Sincerely,

_________________________  ____________________________
(Name - Print)  Chapter President

**SIGNATURE OF APPROVAL**
**FOR PROXY VOTING RESPONSIBILITIES**

________________________________________
(Signature) State President

________________________________________
(Signature) Chapter President