

PROXY

District_____

Meeting_____

Location_____

Day_____Time_____

GR Name_____

I, _____, will be unable to attend the CT AFG Area Assembly.

I, therefore, designate_____ as my proxy on any necessary voting issues at this Area Assembly. I certify that this person meets the qualifications to be a voting member of our Area Assembly and that this person is not representing any other voting members of the Area Assembly as a designated proxy.

Trusted Servant,

GR/AGR_____

Date_____

AT THE START OF THE FALL 2021 ASSEMBLY: ALL PROXIES SHOULD BE SUBMITTED TO THE AREA SECRETARY, ONCE THE MEETING BEGINS, PROXYS WILL NOT BE ACCEPTED