

## **ASSIGNMENT OF VOTE TO CHAPTER DELEGATE**

Signing this form indicates that you are granting permission for your chapter delegate to attend the annual meeting and cast your individual vote as part of your chapter's voting block

, being a member in good standing of the	
chapter o	of GCSAA, officially
wish to advise GCSAA that I will vote with said chapter in forthcoming and subsequ	ent elections at the
GCSAA annual meeting. I understand that this commitment will remain in effect u	ntil such time that I
request a change in writing.	
Signed:	
Name:	(please print)
GCSAA Classification:	
GCSAA Member Number:	
Date:	

Return To: GCSAA Finance & Member Solutions Department

1421 Research Park Drive Lawrence, KS 66049-3859

Fax: (785) 832-3643

Scan and email to <a href="mbrhelp@gcsaa.org">mbrhelp@gcsaa.org</a>