

Proxy Vote Credentials
(Given to Delegate)

This is to certify that the _____

Chapter Name

has elected _____

Individual Name & AAMA Member # or SSN (required)

Individual's Address

**as proxy vote to the House of Delegates of the WSSMA to be held at the
Crowne Plaza Seattle Airport - 17338 International Blvd, Seattle, WA 98188,
on May 17, 2018 – May 19, 2018.**

Chapter President

/ _____
Chapter Secretary

Date