# Proxy Form

Please fill in the form and either hand it in in person or scan it and send it to financeadmin@scesoc.ca.

Submitted By:

Name: _____
Student Number: _____
Program and Year: _____
E-mail address: _____
Date: _____

With the intent of proxying:

Name: _____
Student Number: _____
Program and Year: _____
E-mail address: _____
Date: _____

Reason for submitting a proxy form:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I _____ understand that by signing this form I am relinquishing my right to vote in the general meeting on (date) _____, and I am granting it to (proxyer) _____.