



RHA Voter

Name: _____

Room Number/Hall: _____

Email: _____

Proxy Voter:

Name: _____

Room Number/Hall: _____

Email: _____

Executive Board Position: _____

Date of Meeting Proxy is needed: _____

I, RHA Voter, give my voting rights and responsibilities to the Proxy voter because I am unable to attend the RHA Meeting. I have read Article III, Section 3, which outlines that the proxy member must be a recognized member of his or her respective council. As a proxy voter I have read and am familiar with the RHA Constitution and my responsibilities as a voter.

RHA Voter Signature

Proxy Signature

Date

Date

This form must be filled out and returned to the RHA Secretary before the RHA Meeting is called to order.

Secretary Int: