New York State Volunteer Ambulance and Rescue Association, Inc.

214 Kent Avenue #278, Endwell, N.Y. 13760

Phone: (877) NYS-VARA Website: www.nysvara.org

CREDENTIALS COMMITTEE – INDIVIDUAL PROXY -2020 ANNUAL MEETING

I (Print Name) _____

a member in good standing of the NYS Volunteer Ambulance & Rescue Association, Inc., do hereby designate the Credentials Committee, NYSVARA or the officer or agent designated by the Board of Directors, as proxy, and authorize said proxy to vote on my behalf at the Annual Meeting to be held beginning on Friday, September 11, 2020 or at any adjournment of such meeting. Unless otherwise instructed, the proxy will cast my vote for the slate of officers proposed by the Nominating Committee and on by-law amendments and other matters in accordance with recommendations made by the Board of Directors.

Or I do hereby designate:

_____

(Name of designee if other than the Credentials Committee)

to serve as proxy, and authorize said proxy to vote on my behalf at the annual meeting or at any adjournment of such meeting.
This proxy may be revoked, at any time, upon notification to the Credentials Committee, NYSVARA.

_____ _____

(Date) (Signature)

Instructions:

* Proxy must be sent to the Credentials Committee NYSVARA (address above). Please mail at least two weeks (**by August 28**) in advance of the meeting to assure timely receipt and processing.
* The Credentials Committee, NYSVARA would act as proxy unless another individual is designated. You may designate any individual who will be attending the annual meeting (for example – consider your District Director). Your proxy must follow any voting instructions you give.