

PROXY FORM FOR ISLAND HOUSE MEMBERS

Today's Date: _____

Member who is authorizing the Proxy (i.e., person filling out this form)

Name: _____

Building/Apartment: _____ / _____

Telephone: _____ Best Time to Call: _____

E-Mail Address: _____ (only for proxies via E-mail)

Duration (maximum 6 months): _____

Signature: _____

Other Member who will Serve as Proxy (i.e., person to act on your behalf)

Name: _____

Building/Apartment: _____ / _____

Telephone: _____ Best Time to Call: _____