

West Howard Swim Club, Inc.

Annual Membership Meeting

PROXY FORM

INSTRUCTIONS: Please complete and mail no later than, Wed. Jan 31, 2018

A. Appointment of Proxy (fill out the blank in the paragraph below only if you wish someone other than the President of the WHSC Board to be your proxy)

I, being a member of the West Howard Swim Club, Inc. (WHSC), hereby appoint the President of the WHSC Board of Directors as my proxy at the Annual Membership meeting to be held on **February 7 2018 7PM, at the** Glenwood Branch Library, 12350 Maryland 97, Cooksville, MD 21723 and in the event that he/she is unable to carry my proxy, I authorize him/her to appoint a member of WHSC present at the annual meeting to be my proxy to vote at the annual meeting and any adjournment thereof in accordance with the following general and limited powers. If no directions are given, the proxy may vote as the proxy sees fit at the meeting and any adjournment thereof. Alternatively, I hereby appoint the following WHSC member who will be present at the annual meeting as my proxy:

(please clearly print name of proxy). If this person is not present at the meeting, the proxy will revert to the President of the WHSC Board of Directors.

B. General powers (must be checked)

I hereby authorize and instruct my proxy to use his/her best judgment on all matters which properly come before the meeting except for those matters specifically identified in the following Limited Powers section (**if that section is checked**).

C. Limited powers (check only if you do not want to leave your vote for a proxy)

I hereby specifically authorize and instruct my proxy to cast my vote in reference to the following matters:

1. Motion to approve the proposed Operating Budget sent to me in December (circle one).

For Against Abstain

2. Vote for the following Board of Directors candidates (fill in name(s)):

[name] _____
[name] _____
[name]

D. Member Signature

The undersigned ratify and confirm any and all acts and things that the proxy may do or cause to be done at the meeting referred to above or at any change, adjournment, or continuation, and revoke all prior proxies previously executed. This proxy will expire 60 days from the date noted above. I understand that this proxy is null and void if not postmarked by January 31, 2018.

DATED: _____ **MEMBER Full Name:**

PRINTED MEMEBER

NAME: _____

Mail to: **WHSC P.O. Box 91 Lisbon, MD 21765**