



South Central Region, EGA

Authorization for Alternative Representative

In case the chapter's elected region representative cannot attend the semiannual or annual meeting, your chapter is entitled to send an alternate voting representative with the proper assignment below.

CHAPTER

Region Representative _____
(Name of your chapter's elected region representative)

I hereby verify the appointment of _____
as the alternate voting representative for our chapter at the South Central Region EGA
annual meeting _____ semiannual meeting _____
(Please check which meeting the alternate will attend)

CHAPTER PRESIDENT _____

(Signature)

DATE

The assigned alternate must bring this signed slip to the meeting in order to vote for the chapter.