



South Central Region EGA



AUTHORIZATION FOR ALTERNATIVE REPRESENTATIVE

In case the chapter's 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 region representative)

I hereby verify the appointment of _____
(Attending representative)

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)

The alternate voting representative's email address is _____.

Chapter President _____
(Signature)

Date _____

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