



New York State Volunteer Ambulance and Rescue Association, Inc.

P.O. Box 254, East Schodack, NY 12063

Phone: (877) NYS-VARA | Fax: (518) 477-4430 | Web site www.nysvara.org

CREDENTIALS COMMITTEE – INDIVIDUAL PROXY -2010 ANNUAL MEETING

I _____,

(Print Name & District)

a member in good standing of the NYS Volunteer Ambulance & Rescue Association,
Inc.,

do hereby designate the Secretary, NYSVA&RA 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 on Thursday, September 30, 2010 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

do hereby designate:

(Name of designee if other than the Secretary)

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 Secretary,
NYSVA&RA.

(Date)

(Signature)

Instructions:

- *You can file this proxy as insurance of your vote in case you are unable to attend. Your attendance takes priority over voting by your proxy.
 - * Proxy may be sent to the Secretary or brought to the meeting and presented to the Credentials Committee.
 - * The Secretary, 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.
- RETURN TO: Teresa A. Hamilton, Secretary (address above). Please mail at least two weeks in advance of the meeting to assure timely receipt and processing.