



**ST. CHARLES COUNTY ASSOCIATION OF REALTORS®**

**PROXY AUTHORIZATION FORM**

I \_\_\_\_\_ am a Designated REALTOR® or REALTOR®  
(Print Name)

Member of the St. Charles County Association of REALTORS® and eligible to vote at  
the REALTOR® Only Meeting scheduled for \_\_\_\_\_, 20\_\_\_. I will be  
unable to attend that meeting and authorize \_\_\_\_\_  
(Print Name)  
to vote my proxy.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

This form must be turned into Association staff prior to the beginning of the above-mentioned meeting.