

District_____

Meeting_____

Location_____

Day_____ Time_____

GR Name_____

I, _____, Will be unable to attend the CT AFG Area Assembly.

I therefore designate_____ as my proxy on any necessary voting issues at this Area Assembly. I certify that this person meets the qualifications to be a voting member of our Area Assembly and that this person is not representing any other voting members of the Area Assembly as a designated proxy.

Trusted Servant,

GR/AGR_____ Date_____