

Instructions: The National Councils of Kappa Kappa Psi & Tau Beta Sigma would like every chapter to complete a proxy form in the event they are unable to send a representative to the convention. This will ensure that your chapter is represented by the chapter of your choice.

Letters will NOT be accepted after the July 5, 2013 deadline.

Please PRINT all information (except signatures) in BLOCK CAPITAL LETTERS.				
Chapter:	Organization:	🗆 ΚΚΨ	🗆 ΤΒΣ	District:
School:		E-mail:		
Our chapter will/will not be send Convention. We authorize the fo	U 1			a Psi & Tau Beta Sigma 2013 National apter:
Chapter:		District:		
School:		E-mail: _		
In the event the chapter listed a choices for your proxy:	bove is unable to sit i	n proxy fe	or your ch	apter, please list below three other
1st Alternate Proxy:		District:		
C	hapter Name			
School:		E-mail: _		
2nd Alternate Proxy:		District:		
	Chapter Name			
School:		E-mail: _		
3rd Alternate Proxy:	Chapter Name	District:		
School:		E-mail: _		
Signature				Date:
	Chapter President			Valt
Kapita Katita D	Mail or fax this f			tillustor OK 74076 0840