



National Intercollegiate Flying Association

Annual Business Meeting Proxy Authorization

We the team members of _____
authorize _____ to vote on our
behalf during the NIFA Annual Business Meeting to be held at the 20____
National SAFECON.

Team Leader/Captain/President (Print) _____

Date _____ Signature _____

Coach or Advisor (Print) _____

Date _____ Signature _____

NIFA Region Rep./Council Chairman/Executive Director (print)

Date _____ Signature _____

A copy of this completed and signed form should be held by the school/
team authorizing the proxy, the school/team holding the proxy and be
provided to the NIFA Executive Director before the meeting is to be held.