

**FLORIDA SCHOOL BOARDS ASSOCIATION
PROXY FORM FOR BOARD OF DIRECTORS**

I, _____, _____,
Name of Director County

FSBA Board of Director member, District Number _____, will be unable to
attend the FSBA Board of Directors' meeting scheduled for _____.
Date of Meeting

I would like to appoint _____
Name of Proxy

to serve as my proxy for this meeting.

Signature of FSBA Board of Director Member

PLEASE RETURN THIS FORM TO:

Patricia Peterson
Member Services Specialist
peterston@fsba.org
FAX – 850-414-2585
PHONE – 850-414-2578

Florida School Boards Association
203 S. Monroe Street
Tallahassee, FL 32301