

Tape Closed Here, And On Sides  
(Please Do NOT Staple)

First Class  
Postage  
Required

FROM  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
  
MEMBERSHIP # \_\_\_\_\_

**United States Army Warrant Officers Association  
ATTN: CW4 (Ret) Jack Du Teil  
462 Herndon Pkwy, Suite 207  
Herndon, VA 20170**

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MEMBER PROXY      **U.S. ARMY WARRANT OFFICERS ASSOCIATION**      MEMBER PROXY

**Annual Meeting of the Members**

To ensure that we have a quorum for the meeting, please date and sign below, ADD your Membership Number, and return this PROXY.

(Select one of the following two choices. If you select the first, fill in the name of the proxy-assignee)

\_\_\_ I hereby appoint \_\_\_\_\_ as my proxy,

\_\_\_ I hereby appoint my region director (or representative) as my proxy,

with full power of substitution to act and vote on behalf of the undersigned as the undersigned would be entitled to vote if personally present at the USAWOA Annual Meeting of the Members, or at any adjournment thereof. This proxy is valid until superseded by the undersigned. **If you appoint someone by name, BE SURE that the individual is a USAWOA member in good standing and attending the meeting; if not, your proxy is invalid.**

**Please check one of the two options above, and sign and date this form, OTHERWISE THE PROXY IS INVALID AND YOUR VOTE IS LOST!**

*If needed, update personal data or address here:*

MEMBERSHIP # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Sign Name Here

\_\_\_\_\_  
Date

*(Note: To email this you will need to print, sign & date, scan, and email it to [director@usawoa.org](mailto:director@usawoa.org). A fillable version of this document is available on the USAWOA Portal. A valid signature is required!)  
USAWOA Form 500-10 (September 2019.) (Once executed, this form may not be reproduced.)*