



# FLORIDA SOCIETY OF MEDICAL ASSISTANTS

American Association of Medical Assistants

## Voting Proxy Form

FSMA Voting Member: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Chapter: \_\_\_\_\_

I give \_\_\_\_\_ authority to vote on my behalf on all  
*Name/Credential*  
issues put to vote by the FSMA Executive Council during the \_\_\_\_\_  
*Date/Year*  
meeting.

\_\_\_\_\_  
*FSMA Voting Member Signature*

\_\_\_\_\_  
*Date*