KEAUKAHA Community Association

Ka ʻĀina Hoʻopulapula o Keaukaha.
The Hawaiian homelands of Keaukaha.

VOTING PROXY FORM

KCA Member Name: _____
(Absent Voter's Name)

Home Address: _____

I give _____ authorization to vote on my behalf on all
(Name of Proxy)
issues put to a vote by the KCA during the _____ meeting.
(Date of Meeting)

KCA Member Signature: _____
(Absent Voter's Signature)

Date: _____

Notes: _____

_____

_____

_____

**This form must be presented during the KCA Meeting at the time of voting.*
**Both the member and the proxy must be in good standing (membership dues paid current).*

Keaukaha Community Association
PO Box 7184 Hilo, Hawaii 96720
kcatreasurer1924@gmail.com