



VENTURA COUNTY PICKLEBALL CLUB
VOTING PROXY FORM

Member Name: _____

Email Address: _____

I give _____ authorization to cast my vote at the election of the
name of proxy
new Board of Directors of the Ventura County Pickleball Club during the Annual Meeting in
November.

Member Signature: _____

Date: _____

This form must be presented during the Annual Meeting at the time of voting.