

Chevron Retirees Association Annual Meeting Proxy

Date:

To:

(His/Her Position/Title in Chapter/CRA National)

Designee's Contact Information:

Address

City/State/Zip

Phone

Email

Herewith is my Proxy to vote any issues that may come before the Directors at the Chevron Retirees Association Annual Meeting to be held:

Date:

Location:

This proxy is for (check applicable category)

Chapter Name or

Other CRA Director

Chapter President's Name or

Other CRA Director's Name _

Your Signature:

cc: CRA President bjcc2mcc@gmail.com
CRA Secretary dsemcrasec@gmail.com
CMAC Register@CRAMail.org
Your CRA Area Vice President