

Chevron Retirees Association Annual Meeting Proxy

Date: _____

To: _____
(Name of Designated Person Who Will Represent You)

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

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 on:

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
CRA Secretary
Your CRA Area Vice President