

# 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