

**Chevron Retirees Association
Annual Meeting Proxy
2019**

Date:

To:

(Name of Designated Person Who Will Represent You)

(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: May 19-21, 2019 **Location:** New Orleans, LA

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