



Palmetto State Chiropractic Association



The Palmetto State Chiropractic Association

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PROXY

I, _____, having been duly notified, do freely give and ascribe my vote to _____ for the purpose of voting upon the business that shall come before the Association PSCA at the meeting to be held on ___/___/____. If said person has already been assigned a proxy, I will allow the President to assign my proxy to another PSCA member per our Constitution and Bylaws.

Signed: _____

Witness: _____

Date: ___/___/____.