



**MUTUAL AID BOX ALARM SYSTEM-MICHIGAN**

**DIVISION # \_\_\_\_\_**

**PROXY FORM**

**PROXY**

I, \_\_\_\_\_, the Designated Representative of  
MABAS Division # \_\_\_\_\_ on the statewide MABAS  
Executive Board, hereby appoint \_\_\_\_\_ to  
vote as my proxy at the monthly Executive Board meetings in the event of  
my absence.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_