

Missouri Coalition of Recovery Support Providers

Please call and send form 24 hours prior to meeting.

PROXY FORM

According to the Missouri Coalition of Recovery Support Providers Bylaws and Policies and Procedures concerning quorum and attendance, I hereby request an excused absence from the upcoming scheduled Board Meeting for the following reason:

For this one Board meeting only, I give my written proxy to:

First choice: _____

Second choice: _____

Respectfully yours,

Board Member Signature

Board Position

Date Submitted

Date received by Missouri Coalition of Recovery Support Providers Executive

Director: _____