

## Alternate Representative and Proxy Form

*for meetings of the WDB Members and any Committee thereof*

*Each voting Member may name an Alternate Representative who may exercise full Member powers at all meetings during the Member's absence. The term of the Alternate Representative will expire upon the expiration of the Member's term.*

*Each voting Member may name a Proxy who may exercise full Member powers for a particular meeting or vote during the Member's absence. The Proxy shall remain in effect only for the specified date herein.*

*An Alternate or Proxy may count towards establishing a quorum. The voting Member may revoke the designation or Alternate or Proxy at any time upon written notice.*

**Member Name:** \_\_\_\_\_  
PRINT FULL NAME

**I hereby designate:** \_\_\_\_\_  
PRINT FULL NAME

**As my (please check one):**

Alternate to represent me in my absence at all meetings of the Bergen WDB

Proxy to represent me at the Bergen WDB meeting taking place on \_\_\_\_\_ (date of meeting)

### ***Alternate Representative/Proxy Contact Information (required)***

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

***Member Signature***

\_\_\_\_\_  
**Member Signature**

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

**Complete and return this form by:**

- Emailing it to Carol Polack: [carpol@bergen.org](mailto:carpol@bergen.org)
- Mailing it to the Bergen WDB, 60 State Street, Room 200, Hackensack, NJ 07601
- Faxing it to (201) 996-6975