



FLORIDA SCHOOL BOARDS ASSOCIATION PROXY FORM FOR BOARD OF DIRECTORS

I, _____, _____,
Name of Director County

FSBA Board of Director member, District Number _____, will be unable to
attend the FSBA Board of Directors' meeting scheduled for _____.
Date of Meeting

I would like to appoint _____
Name of Proxy

to serve as my proxy for this meeting.

Signature of FSBA Board of Director Member

PLEASE RETURN THIS FORM TO:

Kilisha Fain
Executive Administrator
fain@fsba.org
850-414-2578

Florida School Boards Association
203 S. Monroe Street
Tallahassee, FL 32301