



61st Grand Council Convention – Chapter Proxy Form

The undersigned officers, acting under the direction of the membership of _____ (Chapter) of Kappa Psi Pharmaceutical Fraternity, Inc. at _____ (School/College of Pharmacy or Graduate Chapter City), bestow their voting privileges on the duly elected delegates of _____ (Collegiate Chapter) at _____ (School/College of Pharmacy) OR _____ (Graduate Chapter) OR _____ (Province) for the 61st Grand Council of the Fraternity meeting from July 24-27,2024 in Cleveland, Ohio.

Print _____ Sign _____
Regent

Email: _____ Phone _____

Print _____ Sign _____
Secretary

Email: _____ Phone _____

Date _____, 2024

This Proxy form must be postmarked to the Central Office **NO LATER THAN June 24, 2024.**

Notary Seal _____ ***Notary Signature*** _____ ***Date*** / / ***2024*** .

Mailed proxy forms must be notarized. All electronic submissions must be sent from the Chapter or Province's official email address, or using a secured, verifiable digital signature.