



ICSEW

INTERAGENCY COMMITTEE OF
STATE EMPLOYED WOMEN

"To Identify and advocate for issues faced by state employed women"

ICSEW Meeting Proxy Form

I, _____, will be unable to attend the _____
(ICSEW Member Name) *(Date)*

ICSEW General Membership meeting. My alternate is _____
(Alternate's Name)

My alternate has the authority to vote in my name. Yes No

(Signature)

(Date)

You will be unable to save your data. Please complete the form, print it, and mail or fax to: