

Islamic Association of Lewisville-Flower Mound (IALFM)

Proxy Nomination Form

I, the undersigned, being the record member of **IALFM**, do hereby give and grant, upon the terms and conditions herein set out, my revocable proxy to consent and to vote, and in all other respects to act, in my name, place and stead as a Member of the **IALFM**, in the same manner and to the same extent and with the same effect that I might were I personally so to consent, vote or otherwise act:

To: The President of the **IALFM** -- and / or --

To: _____

The above-designated proxy holder is hereby appointed to vote on my/our behalf for all matters considered at the _____ (name of meeting) to be held on _____ (dd/mm/yy), or at such meeting that may be rescheduled, adjourned, or recessed and reconvened by the **IALFM Board of Directors**.

Where I am present in Person and elect to act on my own behalf at said meeting or with respect to a specific act of the Association, such presence or action will supersede and suspend the effectiveness of this proxy.

Executed to be effective on the date indicated below:

Signature of Member: _____ Date: _____

Member's Full Name: _____

Member's Address: _____

Member's Phone #: _____

Mail this form to: **IALFM**, 3430 Peters Colony Rd, Flower Mound, TX 75022

or **Send** it via email to: **bod@ialfm.org**