



Metropolitan Washington Association of Independent Insurance Agency

PROXY FORM

Any member wishing to vote by proxy at the MWAIIA Annual Meeting scheduled for June 25, 2025 must complete this form. This form should be complete and emailed to mwaiia@mwaiia.org.

This form must be submitted and accepted prior to the meeting of the Association . Proxy forms received after the meeting will not be accepted.

By not returning this proxy or not attending a meeting of the Association, your vote regarding Association business defers to the Board of Directors.

Your name (printed): _____

Your Agency (printed) _____

Your address: _____

This proxy applies to the meeting being held on: June 25, 2025

Check only ONE of the following:

I assign _____ the authority to vote on my behalf regarding Association matters.

I assign the MWAIIA Board of Directors the authority to vote on my behalf regarding Association matters.

Your signature: _____

Date: _____



Metropolitan Washington Association of Independent Insurance Agents

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