



Simbag sa Emerhensya asin Dagdag Paseguro
Mutual Benefit Association, Inc. (SEDPA MBA)
2nd Floor SEDCen Bldg. Block 7, Landco Business Park,
Legazpi City, Philippines
Contact #: 09171871373
Email: sedpa_mba@yahoo.com.ph

CENTER PROXY FORM

TO: _____, *Secretary – SEDPA MBA Board of Trustees*

We, the Center Members of _____ with
postal address _____ are authorizing our
Cluster representative _____ to vote on our behalf during the conduct of SEDPA
MBA Annual General Assembly to be held on _____ at
_____.

CLUSTER: _____ DATE: _____

NO.	NAME OF MEMBER	SIGNATURE
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Approved by: _____
Center Chief/Print Name & Signature *Center Secretary/Print Name & Signature*

Attested by: _____
CDW/Print Name & Signature