2014
DELEGATE/PROXY
FORM FOR THE
ANNUAL MEETING

ALL FLEETS MUST FILE THIS FORM PER STAR CLASS RULE 16.2. THIS COMPLETED FORM MUST REACH THE CENTRAL OFFICE NO LATER THAN 23 June 2014

You are advised to fill out both items as protection in case the delegate should be absent. Sealed instructions may be attached to this form for delivery to the delegate (a member of your fleet) or proxy (person who is not a fleet member that your fleet has chosen to represent your fleet). Make sure that your appointed delegate or proxy plans to attend the meeting. REMINDER: Per Star Class Rule 16.7, International Governing Committee (IGC) and Class Management Committee (CMC) members may only vote on behalf of their own fleet. PLEASE DO NOT APPOINT A CURRENT IGC OR CMC MEMBER AS YOUR FLEET’S PROXY.

DELEGATES FOR THE 2013 ISCYRA ANNUAL MEETING FOR THE ________________________ FLEET

Item 1 - Delegates: I hereby certify that the above-named fleet has elected or appointed the following fleet members as their delegates. (The first person named who is present shall serve.)

Name Address
1. ___________________________________________   ___________________________________________
2. ___________________________________________   ___________________________________________
3. ___________________________________________   ___________________________________________

Item 2 - Proxy: I hereby certify that the above-named Fleet has elected or appointed the following persons who are not members of the above-named Fleet to represent the Fleet by proxy. If any Delegate named in Item 1 is present, this proxy is void. If this proxy is signed blank or if the persons named are absent, the Chair shall have the authority to appoint a proxy in the name of the Fleet.

Name Address
1. ___________________________________________   ___________________________________________
2. ___________________________________________   ___________________________________________

Are sealed instructions attached to or sent with this form? ______________(YES / NO)

Print Name___________________________________________ Date __________________

Signed_________________________________________ Office ______________________

(Signature must be that of a duly authorized officer of the Fleet.)

NOTE: EVERY FLEET MUST BE REPRESENTED AT THE ANNUAL MEETING BY DELEGATE OR DULY AUTHORIZED PROXY.