

PLEASE FILL OUT BOTH UPPER AND LOWER SECTIONS

OFFICIAL PROXY OFFICIAL PROXY

North Carolina Association of Hearing Care Professionals

I hereby appoint, _____ my true and lawful proxy to vote for me at the meeting of the members of the N.C. Association of Hearing Care Professionals to be held on the _____ day of _____, 2011 or at any adjournment thereof, on the transaction of business as may properly come before said meeting.

Signed this _____ day of _____, 20_____

Please Print Name: _____

Signature: _____

**MAIL THIS UPPER PART TO:
NCAHCP, P.O. Box 405, Hickory, NC 28603
OR FAX TO: (866)366-5204**

**MAIL OR GIVE LOWER PART TO YOUR DESIGNATED PROXY OR SEND BOTH TO THE ADDRESS ABOVE. WE WILL SEE IT GETS TO THE RIGHT PERSON.
THIS IS A DUPLICATE PROXY
OFFICIAL PROXY OFFICIAL PROXY**

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