



OFFICIAL PROXY FORM

This proxy is to be used in connection with the Annual Meeting of Members of the Human Resources Professionals Association (HRPA) to be held at HRPA's Yorkville Conference Centre on May 25, 2018 at 12:00 noon. A member with active status in the following Membership classes; CHRP, CHRL or CHRE has the right to appoint as his or her proxy holder a person designated below, or by inserting the name of another member in the afore mentioned membership classes, in the blank space provided.

The undersigned member of Human Resources Professionals Association (HRPA) in the Membership Class; CHRP, CHRL, or CHRE hereby appoints **Bob Thompson, CHRL** or failing that person **Bonnie Seidman, CHRE**, or instead of them _____ HRPA Member Number _____, (Please print the name and Member Number of an individual in the CHRP, CHRL or CHRE membership class of HRPA who will be attending the Annual Meeting) as proxy holder of the undersigned, with full power of substitution, to attend, vote and otherwise act for and on behalf of the undersigned in respect of all matters that may come before the Annual Meeting of Members to be held at the Yorkville Conference Centre on Friday May 25th at 12:00 noon and at any adjournment of the meeting. The undersigned hereby undertakes to ratify and confirm all the said proxy holder may do by virtue hereof and hereby revokes any proxy previously given.

Without limiting the general authorization and power hereby given, the proxy holder of the undersigned may vote in the discretion of the proxy holder with respect to amendments or variations to the matters identified in the notice of the meeting or other matters that may properly come before the meeting.

If no choice is specified the individual shall vote For the motions put before the members and referred to in the items below:
(PLEASE CHECK ONE RESPONSE FOR EACH MOTION BELOW)

1. Vote **For** ___ Vote **Against** ___ or **Refrain** from Voting ___ on the amended and restated by-laws as recommended by the HRPA Board of Directors.
2. Vote **For** ___ Vote **Against** ___ or **Refrain** from Voting ___ on the amended and restated schedule to by-laws, chapter governance and operating terms as recommended by the HRPA Board of Directors.

[Click here](#) to review materials for the Annual Meeting.

PLEASE CHECK ONE:

I do ___ I do not ___ confer discretionary authority with respect to amendments or variations to matters identified in the notice of meeting, or other matters which may properly come before the meeting, provided that the person by whom or on whose behalf the solicitation is made is not aware a reasonable time prior to the time the solicitation is made that any such amendments, variations or other matters are to be presented for action at the meeting, and a specific statement is made in the meeting notice or in the proxy that the proxy is conferring such discretionary authority. If no choice is specified regarding conferring discretionary authority he or she shall not confer discretionary authority to the proxy holder.

Dated _____, 2018. }

Signature of Member

(Please Print Name of Member)

(HRPA Membership Number)

IMPORTANT Please sign and return this proxy as soon as possible. Proxies must be delivered to HRPA by mail or by fax to 647-288-4326 or by email with an electronic signature through Adobe PDF **no later than 12:00 noon on Wednesday May 23, 2018. Proxy forms received after this date and time will not be accepted.**

IMPORTANT If this proxy is not dated in the above space it is deemed to bear the date on which it is received by HRPA.