



The Society of  
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**SLATE OF OFFICERS AND DIRECTORS**

Your Name <i>(You Must Be a SAME NYC Post Member to Vote)</i>	SAME Membership Number

OFFICE TO BE FILLED	NAME OF CANDIDATE	YES	NO
<b>VOTE FOR THE ENTIRE SLATE            (NO NEED TO CHECK ANYTHING ABOVE, ONLY TO THE RIGHT)</b>	<b>CHECK YES TO THE RIGHT &gt;&gt;&gt;&gt;&gt;&gt;&gt;            TO ACCEPT THE ENTIRE SLATE WITHOUT CHANGES</b>		
WRITE IN OFFICE	WRITE IN NOMINEE		
WRITE IN OFFICE	WRITE IN NOMINEE		
WRITE IN OFFICE	WRITE IN NOMINEE		
WRITE IN OFFICE	WRITE IN NOMINEE		

You may use additional copies if you wish to write in additional candidates.

**ALL BALLOTS MUST BE RECEIVED BY \_\_\_\_\_**