



**ANCW BOARD OF DIRECTORS
VOTING AUTHORIZATION FORM**

TO: **AMERICAN NATIONAL CATTLEWOMEN**

FROM:

(State Affiliate)

(Signature of State President)

DATE:

The following person(s) will represent the above named as a voting member at the Board of Directors meeting on Wednesday, August 1, 2018 during the ANCW Summer Meeting.

NAME:

ADDRESS:

CITY:

_____ **STATE:** _____ **ZIP:** _____

NAME:

ADDRESS:

CITY:

_____ **STATE:** _____ **ZIP:** _____

PLEASE EMAIL THIS FORM BACK TO:

Email: ancw@ancw.org

Attn: Board of Directors