



**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 Monday, July 29, 2019 during the ANCW Summer Business Meetings.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PLEASE EMAIL THIS FORM BACK TO:**

Email: [ancw@ancw.org](mailto:ancw@ancw.org)  
Attn: Board of Directors