



**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 Tuesday, February 4, 2020 during the **ANCW Annual Conference.**

NAME: _____

ADDRESS: _____

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

NAME: _____

ADDRESS: _____

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

PLEASE EMAIL THIS FORM BACK TO:

Email: ancw@ancw.org
Attn: Board of Directors