

**CRONA PROXY FOR RATIFICATION VOTE**

If you will not be able to vote in person for any reason, please complete this form and give it to another CRONA member. A member can carry 9 proxy forms. Thank You!

I authorize \_\_\_\_\_ to vote on my behalf

(Name of CRONA member voting for you)

From April 27, 2016 to May 13, 2016 in connection with any ratification vote that may occur during this time period.

**Print Name** \_\_\_\_\_ **SHC** \_\_\_\_\_ **or** **LPCH** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Unit** \_\_\_\_\_

**Last 4 digits of Social Security #** \_\_\_\_\_

**Date Signed** \_\_\_\_\_