



THE COMMITTEE FOR RECOGNITION OF NURSING ACHIEVEMENT

Ratification Voting Proxy

LPCH

Print Name: _____

Hospital: SHC

Unit Name: _____

Last 4 digits SSN: _____

I authorize _____ to vote on my behalf
(Name of CRONA Nurse voting for you, or may leave blank to allow Ballot & Elections committee to assign)

from April 1 to April 4, 2025 in connection with a ratification vote during that time period.
If the CRONA Nurse voting for me listed above has more than nine proxies to vote, or if the name of the CRONA Nurse voting for me is left blank, I authorize the CRONA Ballot and Elections Committee to assign my proxy to a CRONA Nurse.

Signature: _____

Date Signed: _____

How to send this proxy to CRONA:

1. Take a high-quality photo or scan of this document and email it to **proxy@crona.org**.
Emailed proxy must be received no later than 7:00 p.m. on April 4, 2025; or
2. Give your proxy to a CRONA Nurse who will be voting in person; or
3. Fax this document to CRONA at (650) 366-0182. Faxed proxies must be received no later than 5:00 p.m. on April 4, 2025

Office Use Only

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