

**PROXY VOTING FORM**  
**MONTEREY COUNTY REGISTERED NURSES' ASSOCIATION**  
**MCRNA**

By way of this proxy, the undersigned has designated \_\_\_\_\_,

a member in good standing of the Monterey County Registered Nurses'

Association to cast my vote on the By-Laws motion. I authorize her/him to submit

my signed ballot at the Association meeting of October 17, 2018.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

On the motion to change the current By-Laws, I vote:

YES \_\_\_\_\_

NO \_\_\_\_\_