



2019 Voter Authorization Form

Facility _____

Address _____

Telephone _____

Total Number of Beds _____

I authorize the person whose name is listed below to vote for the above-named facility.

Authorized Voter _____

This person is employed at (name the VHCA-VCAL member facility or corporate office):

Facility or Corporate Office Where Employed

Authorized Signature

Member facilities must file their voter authorization form no later than 30 minutes prior to the beginning of the annual membership meeting.

For Credentials Committee and VHCA-VCAL Staff Use Only

Date Received _____ Time Received _____

Signature _____