



*Serving Georgia's Elderly Since 1953*

## **Proxy Voting Form**

**Use this form ONLY for Proxy Voting.**

The administrator or governing body of each Regular Member shall specify in writing a Designated Representative affiliated with that Regular Member facility to sit as a member of the House of Delegates. The facility may change such representative at any time by written communication to the President at least forty-eight (48) hours prior to a convening of the House of Delegates.

**Deadline to submit Proxy Form to GHCA - Monday, June 12, 2017 at 8:30 a.m.**

The undersigned, hereby represents that he/she is the designated representative of the regular member listed below, and that as such he/she is entitled to \_\_\_\_\_ votes (one vote for each member represented) at the House of Delegates meeting scheduled for the June 14, 2017 Georgia Health Care Association Convention, and the undersigned hereby exercises the proxy to cast all of the votes on changes to the GHCA Constitution & Bylaws.

**Name of Administrator or member of Governing Body:** \_\_\_\_\_

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

**Name of Proxy Voter:** \_\_\_\_\_

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

**Member Facilities Represented (use separate sheet if needed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Please return to:

**Georgia Health Care Association  
160 Country Club Drive  
Stockbridge, Georgia 30281  
Fax 678-289-6400  
info@ghca.info**