

IOWA NURSES ASSOCIATION

MEMBER PROXY

Name: _____

I hereby appoint fellow member _____ as my lawful proxy to vote and act for me and in my name at all regular and special meetings of Iowa Nurses Association (the “Association”) or at any adjournment of such meetings, held during the term of this proxy, in transacting any business as may come before such meetings, including but not limited to, election of officer and directors of the Association, election of members of the Association’s Nominating Committee, election of members of the Iowa Nurses Foundation Board of Directors and delegates/alternates to the American Nurses Association House of Delegates, and voting on resolutions as fully as I could do if personally present. The proxy shall vote at the proxy’s discretion on all matters that may come before such meetings, except as otherwise hereinafter directed:

All previous proxies given by me are hereby revoked. This proxy, unless revoked or replaced by substitution, shall remain in force for _____ months from the date of this proxy. This proxy may be revoked by me at any time.

Dated this _____ day of _____, 20____.

Member signature

Home address

Phone number (to be called for verification, if needed)

For authentication purposes, the proxy needs to be received by Monday, October 12th, 5:00 p.m. to allow us time for the verification process. Proxies can be faxed to 517-220-2969 or emailed to INA Director of Education and Membership, Andrea Starmer at astarmer@iowanurses.org.