



Florida Family Child Care Home Association
**Chapter Representative
Proxy Request**

Date: _____

(Chapter Name)

I, _____, am not able to attend the

FFCCHA meeting on _____ due to the following

reason: _____.

Our local Chapter has selected and has given permission for _____

to serve as proxy and vote as Chapter Representative on _____.

This proxy is a current member of our local chapter listed above with a FFCCHA

member renewal date of _____.

Sincerely,

Chapter Representative

Date

President of Chapter (If different from Rep)

Date

FFCCHA Chapter Coordinator Only:

Approved: _____
(Date)

FFCCHA Chapter Rep. Coordinator Signature