

Date Received:	_	
Voucher Number:	_	
C.H.A. Number:		
For Office Use Only		

## **Addition to Signing Authority**

CHA #	
Membership Name:	
Please ADD the following SIGNING AUTHORITY	Y to the existing authorities for the above membership:
Persons Authorized to Sign (please print):	Signature:
Any ONE of the above & previously authorized s	signatures is acceptable to sign for this membership.*
Addition authorized by:	
(Printed Name)	(Signature)
(milieu Name)	(Signature)