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CONVENTION VOTING DELEGATE FORM

Zone/Decentralized Association: _____

Secretary's Name: _____

**PLEASE COMPLETE AND RETURN THIS FORM TO THE PROVINCIAL OFFICE ON
OR BEFORE FRIDAY, MAY 1ST, 2009**

VOTING DELEGATE #1: _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #2: _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #3: _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #4: _____

Address: _____

City: _____ Postal Code: _____