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SEMI-ANNUAL MEETING VOTING DELEGATE FORM

Zone/Decentralized Association: _____

Secretary's Name: _____

PLEASE COMPLETE AND RETURN THIS FORM TO THE PROVINCIAL OFFICE ON OR BEFORE FRIDAY, OCTOBER 16, 2009.

WARNING!!!! – IN ORDER TO INSURE THAT VOTING DELEGATE PRIVILEGES ARE NOT REVOKED, THE 2009-10 ASSOCIATION INSURANCE REGISTRATION FORM (CONTAINED IN THE INCENTIVE PACKAGE) MUST BE FILED WITH THE PROVINCIAL OFFICE.

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: _____

SEMI-ANNUAL MEETING ATTENDANCE SUMMARY

In order for the Provincial Office to properly coordinate the meeting and to ensure there is enough seating for everyone, we ask your cooperation in completing the bottom portion of the form.

Our Zone/Decentralized Association will require _____ seats for the Semi-Annual Meeting.

Please **PRINT** the names of **ALL** the people that will be attending the Semi-Annual Meeting from your Zone/Decentralized Association.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____