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SEMI-ANNUAL MEETING VOTING DELEGATE / MEETING ATTENDANCE FORM

Zone/Decentralized Association: _____

Secretary's Name: _____

PLEASE COMPLETE AND RETURN THIS FORM TO THE PROVINCIAL OFFICE ON OR BEFORE FRIDAY, OCTOBER 10, 2014.

WARNING!!!! – IN ORDER TO INSURE THAT VOTING DELEGATE PRIVILEGES ARE NOT REVOKED, THE 2014-15 ASSOCIATION INSURANCE REGISTRATION FORM (CONTAINED IN THE INCENTIVE PACKAGE) MUST BE FILED WITH THE PROVINCIAL OFFICE.

VOTING DELEGATE #1: _____

VOTING DELEGATE #2: _____
(If Applicable)

VOTING DELEGATE #3: _____
(If Applicable)

VOTING DELEGATE #4: _____
(If Applicable)

VOTING DELEGATE #5: _____
(If Applicable)

SEMI-ANNUAL MEETING ATTENDANCE SUMMARY

In order for the Provincial Office to properly coordinate the meeting, we ask your cooperation in completing the bottom portion of the form.

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

Enclosed is a cheque in the amount of \$ _____ which is the total number of Guests (non-delegates) attending the Semi-Annual Meeting @ \$5.00 each.

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. _____