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2012 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 11, 2012**

VOTING DELEGATE #1 _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #2 (If Applicable) _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #3 (If Applicable) _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #4 (If Applicable) _____

Address: _____

City: _____ Postal Code: _____