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SEMI-ANNUAL MEETING VOTING DELEGATE FORM

Zone/Decentralized Association: _____

Secretary's Name: _____

**ZONE ASSOCIATIONS ARE ENTITLED TO FOUR (4) VOTING DELEGATES AND
DECENTRALIZED ASSOCIATIONS ARE ENTITLED TO ONE (1) VOTING DELEGATE.
PLEASE COMPLETE AND RETURN THIS FORM TO THE PROVINCIAL OFFICE ON
OR BEFORE FRIDAY, OCTOBER 12, 2007**

**WARNING!!!! - IN ORDER TO INSURE THAT VOTING DELEGATE PRIVILEGES
ARE NOT REVOKED, THE 2007-08 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. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

_____ Voting Delegates @ \$30.00 (GST included) each = \$ _____

_____ Guests @ \$10.00 (GST included) each = \$ _____

TOTAL PAYMENT ENCLOSED \$ _____