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## 2015 CONVENTION VOTING DELEGATE FORM

Zone/Decentralized Association: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS FORM TO THE PROVINCIAL OFFICE ON  
OR BEFORE MAY 15, 2015.**

VOTING DELEGATE #1: \_\_\_\_\_

VOTING DELEGATE #2: \_\_\_\_\_  
(If Applicable)

VOTING DELEGATE #3: \_\_\_\_\_  
(If Applicable)

VOTING DELEGATE #4: \_\_\_\_\_  
(If Applicable)

VOTING DELEGATE #5: \_\_\_\_\_  
(If Applicable)