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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 11, 2013.**

**WARNING!!!! – IN ORDER TO INSURE THAT VOTING DELEGATE PRIVILEGES ARE NOT REVOKED, THE 2013-14 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. \_\_\_\_\_