



Mailing Address Only: 5-18 Ringwood Drive, Suite 129, Stouffville, Ontario, L4A 0N2
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2026 SEMI-ANNUAL MEETING VOTING DELEGATE / MEETING ATTENDANCE FORM

Zone/Decentralized Association: _____

Secretary's Name: _____

**Please complete this form and e-mail to incentive@o5pba.ca on or before
OCTOBER 16, 2026.**

**IN ORDER TO ENSURE THAT VOTING DELEGATE PRIVILEGES ARE NOT
REVOKED, THE 2026-27 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)

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. Or you can e-transfer to payments@o5pba.ca and indicate it is for guest(s) attending 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. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____