

Voting Registration

PLEASE BE REMINDED: IN ORDER TO BE ELIGIBLE TO VOTE we request ALL ITEMS NOTED BELOW be submitted to the SSA office by NOON, **MARCH 15th.**

- ✓ ALL ACCOUNTS MUST BE PAID IN FULL
- ✓ MEMBER RENEWAL COMPLETED
- ✓ AUTHORIZED VOTING DELEGATE IS CONFIRMED

I, _____ (print name) hereby confirm that

_____ shall act as the Authorized Voting Delegate for
_____ (Member Organization).

_____ Signature of President or Designate

_____ Phone #'s:

_____ Email

Please be advised: **All Delegates** attending the AGM on behalf of your member organization **must register via the [registration form](#)**

Internal: Form Received - Time/Date _____
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