



EDA NAME: _____

DELEGATE CANDIDATE INFORMATION:

Name: _____
(Please Print)

Phone Number: _____ Membership Number: _____

Home Address: _____

City: _____ Province: _____

Postal Code: _____ Date of Birth*: _____
(*Required if you are seeking the Youth delegate position, or Youth registration rate)

Email: _____

Signature: _____

MOVER:

Name: _____
(Please Print)

Phone Number: _____ Membership Number: _____

Home Address: _____

Email: _____

Signature: _____

SECONDER:

Name: _____
(Please Print)

Phone Number: _____ Membership Number: _____

Home Address: _____

Email: _____

Signature: _____