



APPENDIX B

Pursuant to section 7.1.4 of these Rules, this form must be completed and received by the EDA President and /or Returning Officer prior to the delegate selection vote at the Delegate Selection Meeting. Unless waived by the Returning Officer in consultation with the Executive Director or his designate, failure to provide the Chair with this form completed with the appropriate information prior to the commencement of the vote will result in the delegate candidate not being allowed to stand for election as a delegate.

Upon submittal of this form, the individual is affirming that they have read and understood the Rules and the applicable sections of the Constitution and EDA Constitution, affirming that the information they have provided herein is accurate, and that they are in compliance with all of these Rules and all other applicable rules that govern the Party.

Further, upon submission of this form, the individual agrees if they are successful in being elected as a delegate that they will submit the required delegate fee in a timely manner. By submitting this form the individual agrees that failure to provide the required registration fee may result in them not being allowed to attend the Party's 2023 Convention.

Please note pursuant to section 7.1.3 of these Rules, the address you provide below must be the address you are be an ordinarily resident in the electoral district of the EDA for which they are seeking to become a delegate at the time of the Delegate Selection Meeting unless you have been elected to be a member of the Board of that EDA at its preceding annual general meeting and remain a member of the Board at the time of the Delegate Selection Meeting.

Pursuant to section 7.1.4 of these Rules, the mover and seconder by signing this form affirm that they reside in the same electoral district as the EDA holding the Delegate Selection Meeting, are members of the Party in good standing and eligible to vote at the Delegate Selection Meeting. An email, in lieu of signature will be accepted for any, or all of, the delegate, the mover, or seconder, and include all required fields completed.



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: _____