

2024-2025 VOTING CREDENTIAL FORM

General voting information:

- The AGM will be held in-person and virtually in Richmond Hill on Tuesday, September 17, 2024.
- Each local member association in good standing with Community Living Ontario:
 - is entitled to a maximum of five (5) votes (Three regular votes and two additional votes)
 - **Additional vote 1:** Youth -must be between thirteen (13) and twenty-three (23) years old and must attend in-person or virtually (cannot be represented by proxy).
 - **Additional vote 2:** Person must be a self-identified self-advocate and must attend in-person or virtually (cannot be represented by proxy).
 - may choose who votes on their association's behalf
 - may appoint a proxyholder who if present, shall be entitled to up to three (3) regular votes per association they represent. Proxy voter may be any representative from a local member association in good standing with Community Living Ontario.
- All voters must be duly authorized by the local member association's respective Board of Directors
- All proxy voters are valid only for the meeting for which they were given permission, and expire thereafter

For full voting details please see item (6.5.) in Community Living Ontario By-Laws.

Submission voting credential:

Please complete the form below. Submit all voting credentials to bdunkel@communitylivingontario.ca **NO LATER THAN SEPTEMBER 10th, 2024.**

Note: This year's Annual General Meeting, will take place at 6:30 pm on Tuesday, September 17, 2024 at the Sheraton Parkway Hotel, Richmond Hill.

We ask that you please indicate who will be attending in person or virtually.

Community Living Ontario

1 Valleybrook Drive, Suite 201
Toronto, ON M3B 2S7

Tel: 416-447-4348 Toll Free: 1-800-278-8025 Fax: 416-447-8974
Email: info@communitylivingontario.ca

Voting form: The following information is required to help Community Living Ontario prepare the voting credential kits. **NOTE:** Each local member association in good standing with Community Living Ontario is entitled to a maximum of five (5) votes: three regular votes and two special votes.

Name of local member association: _____

1. Name of delegate (voter): _____

(Note: If sending only one representative, this person will be responsible to cast all three regular votes on behalf of the association).

Email: _____.

In Person Virtually

2. Name of additional voter (for regular vote): _____

Email: _____

In Person Virtually

3. Name of additional voter (for regular vote): _____

Email: _____

In Person Virtually

4. Name of youth delegate: _____

Email: _____

In Person Virtually

5. Name of self-identified self-advocate delegate: _____

Email: _____

In Person Virtually

Authorized by Board President (Name): _____

Email: _____

Signed this _____ day of _____, 2024

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