



EDA NAME: \_\_\_\_\_

**DELEGATE CANDIDATE INFORMATION:**

Name: \_\_\_\_\_  
(Please Print)

Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_  
(\*Required only if you are seeking the Youth delegate position)

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

**MOVER:**

Name: \_\_\_\_\_  
(Please Print)

Phone Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

**SECONDER:**

Name: \_\_\_\_\_  
(Please Print)

Phone Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_