

ONTARIO LIBERTARIAN PARTY

7-91 RYLANDER BLVD, BOX 121, TORONTO, ON, M1B 5M5

2017 CONVENTION PROXY FORM

Conditions:

1. The issuer of this proxy and the assignee (if an individual) must have been Voting Members of the Ontario Libertarian Party for at least 90 days prior to the meeting. **If the issuer's or assignee's membership has expired it must be renewed.**
2. **This proxy must be accompanied by payment of the proxy registration fee of \$5.00.**
3. This proxy must be returned to the Party 10 (ten) days prior to the commencement of the meeting for which it is issued.
4. This proxy shall be voided by attending the meeting for which it is issued or issuing a new proxy with a later date.

I, (Print name) _____, a Voting Member of the Party in good standing, hereby assign my proxy as follows: **(Complete section A or B)**

SECTION A: to _____ (or his/her nominee) to vote on my behalf:
 on all business motions for elections only

SECTION B: to _____ (or his/her nominee) or to the Credentials Committee, to vote:
 on all business motions; and/or
 for the first candidate indicated below for each position, or if that name is not on the ballot, for the second name indicated for the position, or if neither name is on the ballot vote for **(choose one)** [None of the Above / the assignee's choice], or if no name is specified vote for the assignee's choice, or if the position is crossed off withhold my vote. (The Credentials Committee will cast votes only for names specified and will withhold votes otherwise.)

| | | |
|---------------------------|-----------|-----------|
| Leader | (1) _____ | (2) _____ |
| Deputy Leader | (1) _____ | (2) _____ |
| Chairman | (1) _____ | (2) _____ |
| Vice-Chairman | (1) _____ | (2) _____ |
| Secretary | (1) _____ | (2) _____ |
| Recording Secretary | (1) _____ | (2) _____ |
| Treasurer | (1) _____ | (2) _____ |
| Campaign Director | (1) _____ | (2) _____ |
| Member at Large (first) | (1) _____ | (2) _____ |
| Member at Large (second) | (1) _____ | (2) _____ |
| Ethics Committee (first) | (1) _____ | (2) _____ |
| Ethics Committee (second) | (1) _____ | (2) _____ |

Name: (Print) _____ Phone # _____

Address: _____

City: _____ Province _____ Postal Code _____

Signature: _____ Date: _____

Office use only: Date received: _____ Payment Received _____ Voting Status confirmed _____