



2018 Designation of Voter Form

PLEASE COMPLETE THIS FORM. IF YOU DO NOT COMPLETE THIS STEP, YOUR BALLOT WILL NOT COUNT.
[Credit Union Incorporation Act, Section 70 (3)]

CORPORATE INFORMATION

NAME of COMPANY/CORPORATE MEMBER _____

ADDRESS _____

PHONE NUMBER () _____ MEMBER NUMBER _____

AUTHORIZATION

_____ (designated voter) is duly authorized and appointed to vote on behalf of the above named corporation in the 2018 Election of Directors of Salmon Arm Savings and Credit Union.

Dated this ____ day of _____, 20____.

Signature of Designated Voter

Corporate Signature

Corporate Signature
(if two signers are required on Membership)

SASCU Internal Use Only

This verifies the member is in good standing and eligible to vote.

SASCU - Validation (Signature)

Branch

Name (Printed)

Date