**Notice of Annual Meeting of Members**

Saturday, November 23, 2019 at 8:30 a.m.

[Coast](http://www.canadinns.com/stay/club-regent-casino-hotel/home/) Discovery Inn

975 Shoppers Row, Campbell River, BC

All CTF-chartered Local Associations who have paid one-third of their registration fees based on the previous season’s registration numbers, by October 31, 2019 may appoint delegates and alternates as follows:

1 through 1500 registered participants 2 delegates and 2 alternates

1501 through 2500 registered participants 3 delegates and 3 alternates

2501 through 3500 registered participants 4 delegates and 4 alternates

3501 through 4500 registered participants 5 delegates and 5 alternates

4501 through 5500 registered participants 6 delegates and 6 alternates

5501 through 6500 registered participants 7 delegates and 7 alternates

6501 through 7500 registered participants 8 delegates and 8 alternates

7501 through 8500 registered participants 9 delegates and 9 alternates

In addition, any local association with registrations in excess of 8500 registered participants will receive one additional delegate and one additional alternate for every additional 2000 registered participants. When a bowler registers in more than one Local Association, the Local Association that receives the CTF National portion of annual dues is credited with the registration. Newly-chartered local tenpin bowling associations may elect one Delegate and one Alternate Delegate.

Observers are invited to attend the Meeting, space permitting, but will have "NO" vote.

Included with this notice is a delegate certification form. If your Association is going to be represented at the Annual Meeting, please complete the form and return it to CTF prior to October 31, 2019. Delegate forms can be returned by mail or email.

Both the President and Association Manager of each Local Association will receive this Notice and Delegate Certification.

**Local Association Delegate Certification**

(Please complete and return CTF National Office on or before October 31, 2019)

This is to Certify that at a meeting of the  Board of Directors /  Council of Delegates of the

      (local association name)

of       (city/province)

held on       , 2018/2019, the persons listed below were duly elected or appointed as Delegate(s) and Alternate(s) respectively of said Local Association to the CTF Annual Meeting, as provided by the CTF National Bylaws.

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| DELEGATES | | # of Delegates | |
| Delegate #1 Name: |  | | |
| Address: |  | | |
| City/Prov/PC |  | Email: |  |
| Delegate #2 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Delegate #3 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Delegate #4 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Delegate #5 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Delegate #6 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Delegate #7 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Delegate #8 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Delegate #9 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |

Dated this       day of       , 20      .

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| --- | --- | --- |
|  |  |  |
| President Signature |  | Association Manager Signature |
|  |  |  |
| President Name |  | Association Manager Name |

Delegate credentials may be picked up at the AGM registration desk located in the host hotel.

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| --- | --- | --- | --- |
| ALTERNATES | | # of Alternates | |
|  | | | |
| Alternate #1 Name: |  | | |
| Address: |  | | |
| City/Prov/PC |  | Email: |  |
| Alternate #2 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Alternate #3 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Alternate #4 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Alternate #5 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Alternate #6 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Alternate #7 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Alternate #8 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |
| Alternate #9 Name: |  |  |  |
| Address: |  |  |  |
| City/Prov/PC |  | Email: |  |

Dated this       day of       , 20      .

|  |  |  |
| --- | --- | --- |
|  |  |  |
| President Signature |  | Association Manager Signature |
|  |  |  |
| President Name |  | Association Manager Name |