

Chairing Request Form

Co-op Name:		
Meeting Date:	Meeting L	ocation:
Type of Meeting:	☐ Annual General Meeting	☐ Requisitioned Meeting by Members
	☐ Elections Officer Only	☐ Board of Directors Meeting
	☐ Other Members Meeting	
If you selected "Other Members Meeting", please describe.		
Other important information concerning this request. (Issues the Chair should be aware of ahead of time.)		
When will the meeting agenda and meeting package provided to the		
membership will b	e ready to be sent to the Chair?	
Contact Person for	r this Request (required):	
Email (required):		Phone (required):
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Request is authorized by the Co-ops Director's at a meeting held on (required):		
Name of Authorize	ed Co-op Representative (require	ed):

Please complete form and email to phchf1@rogers.com.