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## ELECTORAL DISTRICT DECLARATION FORM

### Psychological Associates

Members holding Certificates of Registration for a Psychological Associate must submit a Declaration to select if they wish to vote in Electoral District 7 or in the district in which they principally practise, or if not engaged in the practice of psychology in Ontario, the district in which they principally reside. If no Declaration is made, members will automatically be assigned to Electoral District 7. Once a choice is made, a member may not change their Declaration for three years. *[By-law 20: Elections, 2.(3)(a)]*

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I declare that I would like my voting district to be (check one):

7: Psychological Associates

District of my practice/residence

Name (Print or Type):	
Registration Number:	
Date:	
Signature:	

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Please return this form to [cokelly@cpo.on.ca](mailto:cokelly@cpo.on.ca) or fax 416-961-2635