



# Chairing REQUEST

Return this request to: Fax: 519-579-2195, or Email: [info@cochf.coop](mailto:info@cochf.coop)

If an acknowledgement of this request has not been received within 5 days, contact COCHF at 519-579-2424.

Name of Co-op: \_\_\_\_\_

Date of meeting for which the Chair is requested: \_\_\_\_\_

Meeting Time: \_\_\_\_\_ Meeting Location: \_\_\_\_\_

- Type of Meeting:  Annual General Meeting  
 Other Members Meeting (Describe):  
 \_\_\_\_\_  
 Requisitioned Meeting by members  
 Elections Officer requested only  
 Board of Directors Meeting

Other important information concerning this request (issues the chair should be aware of ahead of time):

Please indicate when the meeting agenda and meeting package provided to the membership will be ready to be sent to the Chair:

Co-op Contact (name): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Request is authorized by the co-op's Directors at a meeting held on: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(for the Board of Directors)

|                       |                        |                                                      |
|-----------------------|------------------------|------------------------------------------------------|
| <b>FOR OFFICE USE</b> |                        |                                                      |
| Confirmed Date: _____ | Confirmed Chair: _____ | Confirmation Sent to Co-op: <input type="checkbox"/> |