

WATER CO-OP NAME

YEAR OF Annual Return

Fiscal Year End (M/D/Y) _____

COMPLETE Mailing Address (with postal code) _____

Phone Number: _____ Fax Number: _____

Email address: _____

Annual Meeting Held at: _____

Date: _____ Time _____

Members - Active _____ Inactive _____ Total Present at meeting _____

Name of Auditor appointed: _____

Officers: (or attach list)

	Name	Director (please circle)	COMPLETE ADDRESS WITH POSTAL CODE	Phone	Term
Chairman		Yes No			to
V / Chairman		Yes No			to
Sec / Treas.		Yes No			
Manager		Yes No			
Off. Supervisor		Yes No			

Remainder of Directors (or attach list)	COMPLETE ADDRESS WITH POSTAL CODE	Phone	Term
			to
			to
			to
			to
			to
			to
			to
			to

Following your annual meeting please return this form along with other requested information to: Alberta Agriculture and Forestry, RURAL UTILITIES, Suite 108, J.G. O'Donoghue Bldg, 7000 - 113 Street, Edmonton, Alberta T6H 5T6

Completed by _____ Date _____