

## 10.17 Sample SBOA Annual Return for the year \_\_\_\_\_

Under The Non-profit Corporations Act, 1995

Note: This form can be completed online and a paper form is not required.

Corporation Name Saskatchewan Building Officials Association, Inc.						
Corpora	ation Nu	ımber				
Numbe	r of Mei	mbers in each Class	of Membership			
Active_		Associate	Retired	Honorary_	Life	
Registe	red Offi	re				
registe		unchanged				
		_			effective date	yyyy-mm-dd
Mailing	Addres	S				
		unchanged				
		changed to			effective date	yyyy-mm-dd
Email A	ddress					
		unchanged				
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Main A	_ `					
					effective date	www mm dd
- 55:	<del>_</del>	_			enective date	уууу-ттт-ии
Officers	s and Dii	rectors unchanged				
		_	wn on attached Append	dix		
Financial Statement for the year is attached $\square$						
FIIIdIICI	ai Statei	field for the year is	attached 🗖			
	-	hat the contents of porations.	this notice are true and	d that I am auth	norized to file this notice	with the
Signatu	ıre					
Printed						
Title			_			
Mailing Address			Tele	phone	Email	
Date		yyyy-mm-dd				

## Appendix to SBOA Annual Return for the year 2017

## **President** Full Name\_\_ Resident Canadian $\Box$ Physical Address\_ Mailing Address\_\_\_\_\_ Email Address Effective Date\_\_\_\_\_ **Vice President** Full Name\_\_\_\_ Resident Canadian $\Box$ Physical Address\_\_\_\_\_ Mailing Address\_\_\_\_\_ Email Address Effective Date **Immediate Past President** Full Name\_\_\_\_\_\_ Resident Canadian $\square$ Physical Address\_\_\_\_\_ Mailing Address Email Address\_\_\_\_\_ Effective Date\_\_\_\_\_ Secretary Full Name Resident Canadian $\Box$ Physical Address\_\_\_\_\_ Mailing Address\_ Email Address Effective Date\_\_\_\_\_ Treasurer Full Name\_\_\_\_\_\_\_Resident Canadian Physical Address\_\_\_\_\_ Mailing Address\_\_\_\_\_

Email Address\_\_\_\_\_

Effective Date\_\_\_\_

## **Membership Committee Chair** Full Name\_\_\_\_\_\_Resident Canadian $\square$ Physical Address Mailing Address\_\_\_\_\_ Email Address Effective Date **Conference Committee Chair** Resident Canadian $\Box$ Full Name Physical Address\_\_\_\_\_ Mailing Address Email Address\_ Effective Date\_\_\_\_\_ **Education Committee Chair** Full Name\_\_\_\_\_\_Resident Canadian Physical Address\_\_\_\_\_ Mailing Address\_\_\_\_\_ Email Address Effective Date\_\_\_\_\_ **Certification Committee Chair** Full Name\_\_\_\_\_\_\_Resident Canadian Physical Address\_ Mailing Address\_\_\_\_\_ Email Address\_\_\_\_\_ Effective Date **Communications Committee Chair** Full Name\_\_\_\_\_ Resident Canadian $\square$ Physical Address\_ Mailing Address\_\_\_\_\_

Email Address\_\_\_\_\_

Effective Date\_\_\_\_\_