

**ST. JOHN AMBULANCE, ONTARIO COUNCIL
SUBMISSION FOR PRIORY VOTE OF THANKS**

Name of Person Presenting Submission:

Mr. Mrs. Miss Ms.

Branch/Brigade Mailing Address:

Surname: _____

Given Names: _____

Home Address: _____

Postal Code: _____

Decorations: _____

Phone Number: _(_____)_____

This PVOT is recommended as:

an appreciation for community/local support

Solicit

the first step in membership into the Order of St. John Ambulance

Do not Solicit

REASONS FOR SUBMISSION:

NOTE:

Ontario Council Submission Deadlines: March 15th, June 15th, September 15th, and December 15th.

Two Authorizing Signatures:

(Branch Chair, Honours & Awards Chair, Provincial Commissioner, Area Commissioner, Council President, Council Honours and Awards Chair)

Signature

Signature

Print

Print

Title/Date

Title/Date

Initials of the Ontario Council
Chairman of Honours & Awards

Initials of the Ontario Council
President