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A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA  
UNE SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

### PROXY FORM

I, \_\_\_\_\_, **a voting member** in good standing of the Nova

Scotia College of Family Physicians (NSCFP) hereby give \_\_\_\_\_

A voting member in good standing, the authority to vote on my behalf at the Special General Meeting of members to be held Friday 02 October at 12:15 at Pier 21 Halifax, Nova Scotia.

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**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please ensure delivery of the completed proxy to the NSCFP no later than 30 September, 2015 at 3:00 pm to: [admin@nsfamdocs.com](mailto:admin@nsfamdocs.com).