

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 Annual Meeting of Members to be held Friday, 20 October, 2017 at 12:55 – 1:20PM at Pier 21 Halifax, Nova Scotia.

Name: _____

Date: _____

Signature: _____

Please ensure delivery of this completed proxy form to the NSCFP no later than 30 September, 2017 at 3:00 pm to: sswinimer@nscfp.ca