



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, 18 October, 2024 at 12:30 PM - 1:30 PM at The Canadian Museum of Immigration at Pier 21 Halifax, Nova Scotia.

Name: _____

Date: _____

Signature: _____

Please ensure delivery of this completed proxy form to the NSCFP no later than 18 October, 2024 at 12:00 PM to: sswinimer@nscfp.ca
