

## 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.

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**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](mailto:sswinimer@nscfp.ca)**

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