



## PROXY FORM

I, \_\_\_\_\_, **a voting member** in good standing of The British Columbia College of Family Physicians (BCCFP), 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 Saturday, May 23, 2015 at 12:15 hours in the Park Ballroom in the Park Ballroom in the Four Seasons hotel located at 791 West Georgia Street, Vancouver, British Columbia.

---

Name : \_\_\_\_\_ Date : \_\_\_\_\_

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

Please ensure delivery of the completed proxy to the BCCFP no later than Thursday, May 21 at 4:00 p.m.

By e-mail: [office@bccfp.bc.ca](mailto:office@bccfp.bc.ca)

By fax: 604-736-4675

By mail: 350-1665 West Broadway, Vancouver BC V6J 1X1