

Annual Meeting of Members

PROXY FORM

I, _____, a **voting member** in good standing of the Saskatchewan College of Family Physicians (SCFP), hereby give _____, a voting member in good standing, the authority to vote on my behalf at the Annual Meeting of Members to be held on Friday September 8th, 2023 at 12:00PM.

Name: _____ Date: _____

Signature: _____

Please ensure delivery of the completed proxy to the SCFP no later than **Friday, August 25th**.

By scan/e-mail: president@sk-cfp.ca