



A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
UNE SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

PROXY FORM

I, _____, a **voting member** in good standing of The Manitoba College of Family Physicians (MCFP) and the College of Family Physicians of Canada (CFPC), hereby give _____, a voting member in good standing, the authority to vote on my behalf at the Annual General Meeting of members to be held Friday April 17, 2015 12:30-13:30 p.m. CDT in the Victoria Inn Wellington Room, Winnipeg, Manitoba.

Name : _____ Date : _____

Signature : _____

Please ensure delivery of the completed proxy to the MCFP no later than Thursday April 2, 2015 Noon CDT:

By e-mail: amandaw@mcfp.mb.ca

By fax: 1-204-668-3663