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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 15, 2016 12:30-13:30 p.m. CDT in the Victoria Inn Wellington Room, Winnipeg, Manitoba.

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

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

Please ensure delivery of the completed proxy to the MCFP no later than Friday April 1, 2016  
Noon CDT:

By e-mail: [amandaw@mcfp.mb.ca](mailto:amandaw@mcfp.mb.ca)

By fax: 1-204-668-3663