



SASKATCHEWAN
VETERINARY MEDICAL
ASSOCIATION

PROXY APPOINTMENT FORM

I _____ [Name], of _____ [Municipality], in the Province of _____, being a Voting Member of the Saskatchewan Veterinary Medical Association hereby appoint _____ [Name], of _____ [Municipality], in the Province of _____, as my proxy to vote for me and on my behalf at the meeting of the members of the Saskatchewan Veterinary Medical Association to be held on _____ [Date].

Dated _____

Signature of voting member