



*Nova Scotia College of Respiratory Therapists*

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**PROXY**

The undersigned member of the Nova Scotia College of Respiratory Therapists hereby appoints (please print): \_\_\_\_\_

As the proxy of the undersigned to vote and act for and on behalf of the undersigned in any and all meetings of members of the said College whether annual or special general meetings.

The undersigned hereby reserves the right to revoke the instrument of proxy at any time and hereby revokes any other instrument of proxy executed by the undersigned appointing any person the proxy of the undersigned, to vote for or on behalf of the undersigned at any meeting of the members of the said College.

Member (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Proxy Forms may be faxed to (902) 422-2388

Or

Emailed to registrar@nsCRT.com