



**BC CARE PROVIDERS
ASSOCIATION** www.bccare.ca

Advocating service excellence for seniors

Proxy Voting Form

To: BC Care Providers Association (the Association)

The undersigned, being a voting member of the Association, hereby appoints

as a proxy to attend and vote on behalf of

at the annual general meeting on _____

Signed this _____ day of _____, _____

Name of Member Organization/Society

per: _____

Authorized signatory