

# Spina Bifida and Hydrocephalus Association of British Columbia

## PROXY FORM

To: The Secretary, SBHABC

I, \_\_\_\_\_, being a member in good standing of  
SBHABC, do hereby appoint Colleen Talbot or \_\_\_\_\_

to act as my proxy and to serve as my representative at the following  
meeting of SBHABC:

ANNUAL GENERAL MEETING  
To be held at 7:30 p.m. on Wednesday, May 20, 2020  
Board Room  
Coquitlam Public Library  
Poirier Branch  
575 Poirier Street, Coquitlam B.C.

I authorize my proxy to vote on my behalf on all questions which  
legitimately come before the above mentioned meeting.

This proxy right expires upon the adjournment of the above meeting.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

If you are unable to attend this meeting, please return this proxy form by fax,  
email or mail to the attention of Pauline Dooley at **604-677-6608** or  
[sbhabc@shaw.ca](mailto:sbhabc@shaw.ca) no later than 6:00 on May 19, 2020.