

Date:

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Fax to: Jennifer Garus  
NSDA Executive Manager  
**Fax #: (902) 445-9572**

FROM:  
**Fax #:**

**PROXY – Fax, scan or mail to NSDA if not able to attend the AGM**

*The undersigned, a registrant in good standing of the Nova Scotia Dietetic Association, hereby appoints \_\_\_\_\_ or the Secretary as proxy of the undersigned to vote at the Annual General Meeting of the Nova Scotia Dietetic Association to be held on Friday, May 3, 2019.*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

*I understand that by appointing the Secretary to vote on my behalf, that they will vote in favour of a motion.*

\_\_\_\_\_

**Witness Signature**

\_\_\_\_\_

**Print Witness Name**

\_\_\_\_\_

**Registrant's Signature**

\_\_\_\_\_

**Print Registrant's Name**

**Return To:**  
**Jennifer Garus, Executive Manager**  
[info@nsdassoc.ca](mailto:info@nsdassoc.ca)  
**380 Bedford Highway, Suite 301**  
**Halifax, NS B3M 2L4**

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