



## 2023 PROXY FORM

For: \_\_\_\_\_  
Printed Name of FIPA Member

I am / my organization is a member in good standing of the BC Freedom of Information and Privacy Association.

I hereby authorize:

\_\_\_\_\_  
Name of Proxy

to vote on my behalf or as my organization's delegate at the Annual General Meeting.

Name: \_\_\_\_\_  
Signature of FIPA Member

\_\_\_\_\_  
Date: YYYY, MM, DD