



Hemophilia Ontario

South Western Ontario Region

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PROXY FORM

**Hemophilia Ontario – South Western Ontario Region
2010-2011
Regional General Meeting**

I, _____, a member in good standing of the South Western Ontario Region of Hemophilia Ontario, hereby exercise my right of proxy as follows:

I authorize _____, to be my proxy to attend, act and vote on my behalf at the Hemophilia Ontario – South Western Ontario Region REGIONAL GENERAL MEETING to be held on Saturday, March 27, 2010, Ontario.

Members of SWOR, in good standing, may vote on all matters requiring a ballot of the entire association membership and in the election of the full members to the Board.

NAME: _____ DATE: _____
(printed)

SIGNATURE: _____

Please return this completed form, by mail, email or by fax (519-432-9922) to the Hemophilia Ontario – South Western Ontario Region office NO LATER THAN 4pm, on, Monday, March 22, 2010 or give your proxy to another member to bring to the meeting. If the person assigning this proxy attends the meeting in person, this proxy will be null and void.