First Nations Housing Professionals Association

PROXY FORM

Housing Profession Board of Directors, to vote at the Annu	nals Association (failing her, ual General Meet	FNHPA), hereby give	mber in good standing of my proxy to Tabitha En , a member of FNI e held <i>Wednesday, Septe</i> nt thereof.	eas, Chair of the HPA, as my proxy
The above proxy is	specifically direct	ted (check the approp	riate space) to:	
1. Receive the Audi	ted Financial Stat	tements for the financ	cial year ended March 31,	2025.
	For	Against	Abstain	
Name:			Date:	
Signature:				
• Complete e	lectronically and	ne following methods: email to farren@fnhp nail to farren@fnhpa.o	a.ca	

DEADLINE FOR RECEIPT OF PROXIES: August 29, 2025 at 4:30 PM EDT