

# IFCM 2020 Elections

## Run to be part of the new Board



Mr  Mrs  Ms  Other .  **Title**

**Given Names:** ..... **Family Name:** .....

**Date of Birth:** ..... (day/month/year)

**Official Qualifications:** .....

**Residential Address:** .....

**Street and number:** .....

**City and zip code:** .....

**Country:** .....

**Email:** ..... **Phone:** .....

**Website (if applicable):** .....

**Spoken languages:** .....

**Place of employment:** .....

**Title at your employment place:** .....

**IFCM membership number:** .....

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**Please outline your experience/involvement in the IFCM to date:**

Please write a short text to present your vision as a Board member (Max 300 words in English)



Please email this form as well as your Curriculum Vitae and picture to [manager@ifcm.net](mailto:manager@ifcm.net) before March 1, 2020.