

IFCM 2020 Elections
Run to be the new IFCM President



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:

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

Please present your vision as a President of IFCM (Max 300 words in English)



Please email this form as well as your Curriculum Vitae and picture to manager@ifcm.net before March 1, 2020