Completed applications must be sent to World Archery no later than 3 July 2015 (postal stamp).

It is reminded: There will be only one nomination per Member Association.

\* \* \* \* \* \*

This candidature is presented by the Member Association from:

Date StampSignature of President or Secretary General

|  |  |
| --- | --- |
| **1.** Position | Athletes Committee Member   Women Recurve  Men Recurve   * Women Compound  Men Compound * Para-athletes represantative / |
| **2.** Name & First name |  |
| **3.** Date & Place of Birth |  |
| **4.** Member Association of which the candidate is Member (\*) |  |

(\*) This Member Association must fill out the statement # 11 on page 4 of this document

|  |  |
| --- | --- |
| Name & First name |  |
| **5.** Address  Please indicate the official address which you would like to be published in the World Archery Directory (one address only) | Office OR Private   ………………………………………………………………………………………………………  ………………………………………………………………………………………………………  ………………………………………………………………………………………………………  ………………………………………………………………………………………………………  ………………………………………………………………………………………………………  ……………………………………………………………………………………………………… |
| **6.** Tel / Fax  Office  Private  Mobile phone /  E-mail  Website  Pagebook Page | ( ) ……….……..…………… ( ) ……………………………  Directory: YES / NO  ( ) ………………………….. ( ) …………….………………  Directory: YES / NO  ( ) …………………………. ( ) …………………………….  Directory*:* YES / NO  …………………………………………………………………..  ………………………………………………………………  …………………………………………………………….. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name & First name |  | | | | | |
| **7.** List of competitions where represented the country in the last 4 years |  | | | | | |
| **8.** World Archery Official working language\* |  | Spoken | Written | | CEFR\* |
| English |  |  | |  |
| F=Fluent A=average B= Beginner | | | | |
| **9.** Other languages |  | Spoken | Written | CEFR\* | |
| French |  |  |  | |
| Spanish |  |  |  | |
| Russian |  |  |  | |
| Other (specificy) |  |  |  | |

**10.** Statement by the candidate*:*

If elected I am willing to accept the office I am elected to /

Position: ………………………………………………………………......................…………….

Name & First Name*:* ……………………………………………………………..………

Candidate’s signature,

**11.** Statement by the candidate’s Member Association /*:*

I confirm that the candidate is member of our Member Association.

Name of Member Association of the candidate:

*:………………………………………………………………*

Name and Signature of the President or Secretary General

*:*

……………………………………………………………….

Date and Stamp*:*

……………………………………….

