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 / FaxOffice Private Mobile phone /E-mailWebsitePagebook 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*:*

……………………………………….

