IFSBH Board Member Nomination Form

IF is committed to increase the involvement of members in the decision-making of our organisation. We also encourage the nomination of adults with spina bifida and/or hydrocephalus.

I, (name), as an authorised representative of (name IF Member association), hereby nominate (name) as Board Member who is willing to stand and serve, if elected.

Name: _____
Phone: _____
E-mail: _____
Address: _____
Nominating country and details contact person: _____

Information on the candidate (please provide 1 page maximum):

* Relevant experience and/or employment (attach a resume if relevant)

* Why are you interested in becoming a board member?

* Area(s) of expertise/contribution you feel you can make

* Other volunteer commitments

Date: **signature:**

IF ivzw
International Federation for Spina Bifida and Hydrocephalus
Consultative status special category Economic and Social Council at the United Nations

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