

NOMINATION FORM FOR EFSLI BOARD

I propose (name nominee):	Please select:
	 As efsli board member
	 As efsli president
Name of the president of your association:	
Name of your association:	
Signed by the president:	Place:
	Date:
Signed by nominee:	Place:
	Date:

Please make sure that the form has to be signed by both applicant and nominee.

Please return the form and the CV (by e-mail or by fax) to the efsli secretariat, no later than 13^{th} April 2012.

E -mail: secretariat@efsli.org

Fax: +31 (0)35 5339873