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| **European Midwives Association** Election form |
| **Treasurer EMA**  **(Please enclose CV and other supporting details with this application form)** |
| **Name of applicant** |
| **Name of association** |
| **Address for correspondence** |
| Phone |
| **Email** |
| **Details on suitability for the role** |
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| **The full member of EMA hereby confirm that we support, also economically, our candidate for EB for a full term of four years** |
| Signature and stamp  Date: |

