|  |
| --- |
| **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** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **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 stampDate: |

