



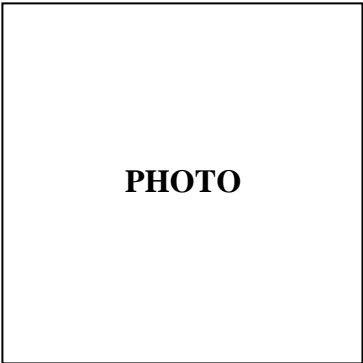
World Confederation of FMA Past Pupils
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5th CONFEDERAL ORDINARY ASSEMBLY
"Witnesses of joy in the peripheries of the world"

FORM FOR THE CANDIDACY TO THE CONFEDERAL COUNCIL

Name and Surname: _____
 Date of birth: _____
 Marital Status: _____
 Profession: _____
 Known languages: _____
 Federation: _____
 Union: _____
 Address: _____

 Telephone _____
 Mobile _____
 E-mail _____



Competences to put in use of the Association:

Charges carried out in the Association:

Councillor of the Confederation from _____ to _____
 President of the Federation from _____ to _____
 President of the Union from _____ to _____
 Councillor of the Federation from _____ to _____
 Councillor of the Union from _____ to _____

Meaningful experiences:

Date: ____/____/____

Signature of the Candidate _____