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| EUTERP Board MEMBER NOMINATION FORM | | |
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| NOMINEE | | |
| Name of Nominee: | | |
| E-mail address: | | |
| Place of employment: | | |
| ASSOCIATE Information | | |
| Associate Name or acronym: | | |
| Contact person: | | |
| Position in the Associate: | E-mail: | |
| Country: | | |
| BRIEF CV OF NOMINEE | | |
|  | | |
| Signatures | | |
| I verify that I am willing to stand for election to the Board of the EUTERP Foundation | | |
| Signature of Nominee: | | Date: |
| Signature of Associate: | | Date: |