

This form must be received by the MWC Secretariat before 24:00 h on 20th May 2018.

Please return the form by e-mails to :

lobuono1963@gmail.com and mwc@mediterraneanweightlifting.it

Candidature Form



Photo
(sent electronically,
or enclosed)

for the 2018 Elections

(one form per candidate)

POSITION (*X in one or more boxes*)

MWC - President

MWC - General Secretary

MWC - Vice President

MWC - Executive Board Member

MWC - Technical Committee Member

MWC - International Sports School Member

MWC - Medical, Scientific and Research Committee Member

PERSONAL DATA

Gender : M F

Family Name :

Given name(s) :

Date of birth (dd/mm/yy) :

Place of birth :

Nationality :

Phone :

Mobile :

Fax :

Current occupation :

Employer :

Postal address :

E-mail address :

LANGUAGES

English

French

German

Spanish

Arabic

others _____

PROFESSIONAL QULIFICATION

Please state degrees, type of education, specialities

WEIGHTLIFTING EXPERIENCE

Your practical experience in the sport of weightlifting (athlete, coach, administrator, Technical Official, etc.)

	Number of years:	
	Number of years:	
	Number of years:	
	Number of years:	

TECHNICAL OFFICIAL QUALIFICATION

Category : _____ Year of issue : _____ IWF Card number : _____

For Candidates to the Medical, Scientific and Research Committee and International Sports School

Diploma from university/college for sport/physical education

Doctor of Medicine specialities _____

Other _____

PUBLICATIONS

List your publications, if any, in the field of weightlifting (title, year, source)

CURRENT POSITION IN NATIONAL FEDERATION

CURRENT POSITION IN CONTINENTAL FEDERATIONS / REGIONAL FEDERATIONS

Name of Federation	Position	Period until

Candidate's signature : _____

signature of
President/ General Secretary
of Federation

_____ *signature*

_____ *stamp*

Date : _____

PLEASE ENCLOSE COPY OF YOUR PASSPORT AND YOUR DIGITAL PHOTO