##

| EUTERP Board MEMBER NOMINATION FORM |
| --- |
| 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: |