**NOMINATION FORM FOR CANDIDATE FOR THE FIAS ATHLETES´ COMMISSION**

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| **The National SAMBO Federation (NSF) represented by athlete***The NSF must be full member of FIAS* |       |
| **Family Name** |       |
| **First Name** |       |
| **Date of birth** |       |
| **Gender** | Male [ ]  Female [ ]  |
| **Nationality***The candidate must have the same nationality to NSF he/she represents* |       |
| **Country of Residence** |       |
| **Resident since** |       |
| **Postal address** |       |
| **Phone number** |       |
| **E-mail address** |       |
| **Languages**English[ ] Russian[ ] French[ ] Spanish[ ] Other languages | Mother Tongue:                 |
| **Education / Diplomas** |                      |
| **Status of the Candidate** | Active athlete [ ] Retired athlete [ ]  |
| **If the Candidate is retired, please indicate since when** |       |

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| **Competitive SAMBO activity / experience**:*
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| **Most recent FIAS Event in which the Candidate has competed**FIAS Member association represented:      Year:      Name of FIAS Event:       |
| **Other FIAS Events and/or International Competitions best results** *(elite competition, year and place):**
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| **Official Position held in National Federation** *List position(s) held within your National Federation (elected and/or appointed) and corresponding period(s) (Athletes Commission, etc.):**
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| **Other involvement/activities in SAMBO or other international sports:** *
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| **Candidate’s and proposing Member’s confirmation:** By signing this Form the Candidate and the proposing Member confirm that the information given in this Form is accurate and complete. By signing this Form the Candidate confirms having carefully read the contents of the 2016 FIAS Statutes and FIAS ByLaws but not limited to the obligations of FIAS Office Holders, as well as the FIAS Code of Ethics and confirms to meet and respect all criteria and conditions stated therein. |
| **Proposing FIAS Member:** |  |
| Date: |  |
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| Signature President |  Signature General Secretary |
|  |  |
| **Candidate:** |  |
| Date: |  |
|  |  |
| Signature |  |

Forms must be signed and returned **by 8 of September 2017** to info@sambo-fias.com and swissoffice@sambo-fias.com.