Application for Mammary Fold Committee 2017-8:

 **1. Demographics:**

Forename 

Surname 

E-mail address 

Mobile number 

Current training grade 

 **2. I wish to stand for the position of (one choice only, please):**

Chair

Vice chair

Treasurer

Secretary

ASiT representative

Education & Training representative

Academic representative

Website manager

Senior representative

Junior representative

**\*3. I confirm that I will be available to attend both the handover of duties at the Mammary Fold pre-ABS meeting, and the official confirmation of appointments at the Annual General Meeting of the Mammary Fold at the ABS conference in Belfast (compulsory for new committee members):**

Yes

No

**\*4. I confirm that I will hold membership of ABS during my committee post if elected:**

Yes - already hold

Yes - application

No

**\*5. I am self-nominated for my chosen role but the following members of the Mammary Fold second my nomination and have agreed to be contacted on the following e-mail addresses to confirm my good standing as a member of the Mammary Fold suitable for office on the Committee**

First seconder and email address

Second seconder and email address

**\*6. We need a statement from you to help Mammary Fold members decide their choice of candidate for the role, with a word limit of 250 words. I believe that I am the ideal candidate for my chosen role because... :**