#

# BIOGRAPHICAL FORM

## TO ACCOMPANY NOMINATION FOR DISTRICT OFFICE 2023 – 2025

NAME:

ADDRESS:

TELEPHONE & E-MAIL:

CLUB:

CLUB ADDRESS:

YEAR JOINED ALTRUSA:

CAREER/PROFESSION:

DISTRICT OFFICES HELD: (*please state position held and time in office*):

 CLUB OFFICES HELD: (*please state position held and time in office*):

DISTRICT COMMITTEE CHAIRS HELD:

CLUB COMMITTEE CHAIRS HELD:

OTHER ALTRUSA RESPONSIBILITIES: (*name of organisation(s)*):

IFF DAYS ATTENDED: (*number only*)

CONFERENCES ATTENDED: (*number only*) CONVENTIONS ATTENDED:

ANY OTHER COMMENT / INFORMATION: