XXVIII EUROPEAN CONGRESS  
Candidacy form to the UEF Federal Committee – directly elected members - 10 places

| Title |  | Gender |  |
| --- | --- | --- | --- |
| First name |  | | |
| Last name |  | | |
|  |  |  |  |
| Nationality |  | | |
| Date of Birth |  | City of Birth |  |
| Country of Birth |  | | |
|  |  |  |  |
| Email |  | Phone number |  |
| Address |  | | |
|  |  |  |  |
| ID or Passport number |  | ID or Passport expiration date |  |
|  |  |  |  |
| UEF Section |  | | |

|  |  |
| --- | --- |
| Date |  |
| Signature\* |  |
|  |  |

List of UEF Congress delegates signatures (minimum 15-fifteen) or National Section (minimum three)

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

11)

12)

13)

14)

15)

\* Please, return this form duly filled in and signed by email to [secretariat@federalists.eu](mailto:secretariat@federalists.eu) or to UEF Secretariat staff