



CPSA Director Election 2020

Name _____ CPSA Number _____

Position Applied for _____

Candidate Pen Portrait (words)

(to be completed in no more than 300

Sport knowledge and Experience, including shooting

Career details including business skills and experiences

Experience of working on Boards and/ or as a Director

What would you like to see the Association achieve during your term?

Daytime contact phone number: _____

Date: _____

Signed: _____

By signing the above you agree to your data being provided to The Election Centre and CPSA membership.