**CPSA Director Election 2017**

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| Name |  | CPSA Number |  |
| Position Applied for |  |
|  |
| Candidate Pen Portrait (to be completed in no more than 300 words) |
| **Sport knowledge and Experience, including shooting****Career details including business skills and experiences****Experience of working on Boards and/ or as a Director****Personal aims you wish to see the CPSA achieve during your term** |
| Daytime contact phone number: |  |
| Date: |  |
| Signed: |  |