**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: | |  | | |