



MANDATE FORM

To be returned by to: office@powerchairhockey.org with cc to: sports@iwasf.com
by deadline date **29th February 2020**

IWAS MEMBER ORGANISATION	
Address	
Nation	
Phone	
Email	

MANDATES

(Two Delegates, one voting member per national organisation)

Right to vote is not transferable to another member organisation and a mandated representative must be a national resident and/or member of the mandating IWAS National Member organisation.

Name and signature of President or Secretary General of IWAS National Member Organisation confirming the appointment:

Name and Surname	
Position	
Signature	

Official Delegate WITH Voting Rights	<i>Name and surname of the Delegate</i>
Official Delegate WITHOUT Voting Rights	<i>Name and surname of the Delegate</i>

Official stamp of IWAS Member Organisation

