



IFMSA

International Federation of
Medical Students' Associations

Candidature Form for External Meetings

[Replace text with your Full Name as written in your passport]

Name of the Candidate (first/middle/last)

[Replace text with the NMO Name]

National Member Organization of the Candidate

Hereby applies to represent IFMSA at

[Replace text with exact Name of the Event that you are applying for]

External Meeting

By signing this candidature, the candidate fully accepts to abide by the IFMSA Constitution, Bylaws, and the IFMSA Code of Conduct.

Date and Location

Signature of the candidate

By signing the candidature, the candidate's National Member Organisation enters into the liability for any damages caused by their candidate after being appointed for the corresponding executive body or external meeting. This applies for the entire term, including the case when they lose membership at the National Member Organisation for any reason, in the meanwhile.

Date and Location

**Name, Signature and Stamp of the authorized
National Member Organization Representative**

Disclaimer: By filling in this form, you may willingly provide your personal information (Name, NMO, Date and Place of Birth, Home Address, Phone Number, Email Address, Position in NMO/IFMSA, additional information of a non-personal data nature) to IFMSA. The use of information provided in the form will be in line with your response in the form and will not be used for any other purpose. The personal data provided will be stored until the 30th of September 2026, or anonymized in case of further storage. If you want us to remove your personal data before, you can request that by sending an email to privacy@ifmsa.org. The personal data will be accessible by the IFMSA Team of Officials and the IFMSA Team of Officials elect. If you want to know more about how we manage your data, please visit ifmsa.org/privacy.