

MALTA HANDBALL ASSOCIATION



MHA MAY 2026 ELECTION NOMINATION FORM

CANDIDATE	
Name:	Surname:
ID Number:	
Legal Address:	
Mobile Number:	Email Address:
<u>Position:</u> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary General <input type="checkbox"/>	
PROPOSING MEMBER	
Name of Member & Delegate	
First Name:	Last Name:
Association Role	
Mobile:	Email:
Stamp:	

Date

Name and Surname of Candidate

Signature of Candidate