



ISF Extraordinary General Assembly Attendee and voter form

Please return this form by December 10, 2026

Member name: _____

Contact details for the EGA attendees:

Name	
Address	
Contact Tel.	
Email	

Name	
Address	
Contact Tel.	
Email	

Contact details for the EGA voter:

Name	
Address	
Contact Tel.	
Email	

Date: ____/____/____ Place: _____

Signed (President or General Secretary)