



MANAGEMENT MEMBERSHIP FORM

SECTION NO. 01: PERSONAL AND PROFESSIONAL PORTFOLIO

Full Name		Designation	
Organization		Type of Organization	
Mobile		Personal Email	
WhatsAapp		Official Email	
Education		Years of Experience	
Nationality		Country of Residence	
Field of Study		Main Field of Work	
WFSD 2024 Management Category			

SECTION NO. 02: PROFESSIONAL PROFILE
(PLEASE WRITE A BRIEF PROFILE WITH MAX. 1000 WORDS)

Professional
Photograph

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SECTION NO. 03: OBLIGATION DECLARATION

1. I confirm my complete understanding of the purpose and responsibilities associated with becoming a member of the WFSD management team.
2. I acknowledge that the WFSD event and program are entirely nonprofit initiatives aimed at contributing to local public health and hygiene standards.
3. I consider myself fortunate if granted membership in any management category. If not, I commit not to make any claims, assign blame, or disparage this social cause, either directly or indirectly, intentionally or unintentionally, through any means or in any forum.
4. I confirm and affirm my commitment to support this social cause, whether or not I am granted membership.
5. I hereby certify the accuracy of all the information provided, to the best of my knowledge and understanding.
6. I solemnly commit to wholeheartedly adhere to the professional code of conduct guidelines meticulously set forth by the esteemed World Food Safety Day management.
7. I recognize the paramount importance of upholding these standards in all my actions and interactions, ensuring unwavering dedication to the cause and the highest level of professionalism.
8. I solemnly affirm my unwavering commitment to champion the cause of World Food Safety Day, driven solely by a selfless dedication to its mission.
9. I pledge to uphold the highest standards of impartiality and integrity in all my endeavors related to World Food Safety Day events and celebrations.
10. I shall not allow personal interests, biases, or external influences to sway my unwavering dedication to this noble cause, and I will tirelessly work towards its success with the utmost professionalism and diligence.

PLEASE TYPE YOUR NAME

DATE

I confirm that the information provided above is true and factual to my knowledge.

Nesrine Rouissi

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Lead Facilitator

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