



Certification Advisory Board (CAB) Membership Form

Please fill in this form in capital letters and **return it** to secretariat@oicstatcom.org or fax: +90 (312) 467 34 58 no later than 31 May 2014.

Contact Information of the Nominee for the OIC-CPOS CAB	
Country	
Institution	
First Name	
Last Name	
Title	
Phone (Office)	
Phone (Mobile)	
Fax	
Skype ID	
E-mail	
Postal Address	