

Nomination Form*

To be completed by members wishing to be placed on a panel of members who may go forward to serve as a Director of the credit union. The board of Lucan District Credit Union will draw on the panel should a vacancy for a Director arise throughout the year or for the AGM when new candidates are elected. These positions are voluntary and full training will be provided. It would be expected that the time contribution would be circa 6 hours per month maximum.

We the undersigned, nominate for the panel:

Name of Nomi	nee:				
Address:					
Signed by Prop	oser			A/c no	
Signed by Seco	nder			A/c no	
Consent of No	minee:				
	hereby agree to be d a vacancy arise and				o forward as a
Nominee Signa	iture:			_ A/c no	
Please provide	outline details of w	ork experience	to date (plea	ase feel free to at	tach a CV if you wish):
Please provide	details of qualificat	ions (if any):			
Please provide	details of any skills	you may have t	hat you feel	you could bring t	o the role:
		· · · · · · · · · · · · · · · · · · ·		1	

*Nominations are subject to approval by the nominations committee. Thank you for taking the time to complete this application. We will be in touch with you shortly. **Requirements overleaf.**

Requirements:

- 1. Nominations must be in writing and <u>must</u> be signed by the nominee <u>and</u> by a proposer and seconder, all of whom should be members of Lucan District Credit Union.
- 2. The nominee must be of full legal age, that is, aged 18 or over. Marriage of persons 16-18 also confers full legal age. All members aged 16-18 have voting rights, but cannot be nominated.
- 3. Please hand in completed nomination forms at the office in the village or the Finnstown office.