

DONEGAL CENTRE FOR INDEPENDENT LIVING

Director Election / Nomination form

Candidate to be nominated

Name: _____

Address: _____

Tel: _____ **Email Address:** _____

Please give brief summary of directorship history (if any) with DCIL and / or any other organisation or company membership, experience / directorship.

Please use the space below to outline what you feel this candidate will bring to the DCIL Board of Directors

Nominate by: (nomination can only be made by a member of DCIL)

Name: _____

Date: _____

Proposers Signature: _____

Please confirm that the person nominated is aware of their nomination