The Donegal Centre for Independent Living

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DONEGAL CENTRE FOR INDEPENDENT LIVING

Director Election / Nomination form

Candidate to be nominated

Name:	
Address:	
Tel:	Email Address:
_	mmary of directorship history (if any) with DCIL and / or ion or company membership, experience / directorship.
Please use the space to the DCIL Board of	e below to outline what you feel this candidate will bring f Directors
Nominate by: (nomi	ination can only be made by a member of DCIL)
Name:	Date:
Proposers Signature	::
Please confirm that	the person nominated is aware of their nomination