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EACH MEMBER OF THE SOCIETY.

7th January 2025.

ELECTION 2025

Notice of Committee Elections – April 2025

In accordance with the provisions of **Rule 17** of the Society's rules, elections to the Committee of the Society are scheduled to take place in **April 2025**.

To be eligible to contest the election:

1. Your subscription must be up to date.
2. You must be nominated and seconded by **two members of the Society** from your province/region, as outlined below.

For electoral purposes, a member's province/region is determined by the registered address provided to the Society.

Submission of Nomination Papers

An original nomination paper, fully completed and signed (with three signatures), must be submitted to the Society's office by: **4:00 PM on Friday 7th February 2025**.

Nomination Paper Overleaf.

Ten members of the Committee will be elected as follows:

- | | |
|----------------------------------------------------------------------|-------------|
| (1). Province/Region of Connaught/Ulster | - 2 Members |
| (2). Province/Region of Dublin City and County | - 3 Members |
| (3). Province/Region of Leinster (excluding Dublin City and County). | - 2 Members |
| (4). Province/Region of Munster | - 3 Members |

The nomination paper overleaf should be carefully completed – please ensure that:

1. The **proposer**, **seconder**, and **nominee** each sign the form.
2. All relevant sections are completed in full.

If you require a copy of the nomination paper, you have the following options:

- **Download a copy** from the **Download Forms** section of the Society's website or access it directly using this link: https://www.medicalaid.ie/pdfs/Nomination_Form.pdf
- **Request a copy by post** by contacting the Society's office.

Yours Sincerely,

Noreen McCrudden
General Manager.

NOMINATION PAPER

I _____ Reg. No. _____
(BLOCK CAPITALS)

of the Province/Region of _____

do hereby nominate _____ Reg. No. _____
(BLOCK CAPITALS)

of the Province/Region of _____

as a Candidate for election to the Committee of St. Pauls Garda Medical Aid Society.

SIGNED: _____ **Reg. No.** _____ **Date:** _____

I _____ Reg. No. _____
(BLOCK CAPITALS)

of the Province/Region of _____ do hereby second the above

nomination of _____ Reg. No. _____

SIGNED: _____ **Reg. No.** _____ **Date:** _____

I _____ Reg. No. _____
(BLOCK CAPITALS)

of the Province/Region of _____ do hereby accept the nomination

SIGNED: _____ **Date:** _____