

EACH MEMBER OF THE SOCIETY.

6<sup>th</sup> December 2019.

## **ELECTION 2020**

In accordance with the provisions of Rule 17 of the Society's rules - elections to the Committee of the Society are due to take place in March 2020. To be eligible to contest the election, your subscription must be up to date and you must be nominated and seconded by two members of the Society in your province/region as outlined below. A member's province/region for electoral purposes is determined by the registered address he/she has provided to the Society.

An original nomination paper, fully completed and signed (3 signatures) must reach this office by **5.00pm on Monday 3rd February 2020.**

### **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 - ensuring that the proposer, seconder and nominee sign the form and complete all relevant entries in full. You can also print a copy of the nomination paper from the **Download Forms** section of the Societies website or click on this link to locate it at [https://www.medicalaid.ie/pdfs/Nomination\\_Form.pdf](https://www.medicalaid.ie/pdfs/Nomination_Form.pdf) or contact the office and one will be posted to you.

Yours Sincerely,

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OWEN CONNELL  
SECRETARY.

**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:** \_\_\_\_\_