

Nomination Form for Representatives of Members 2024/2025

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 24th April at 6.00pm. The meeting will be held in the Burren Suite, The Galmont Hotel, Lough Atalia Road, Galway.

Name of Nominee _____

State Insurance Qualifications Held _____

III Membership Number _____

Declaration **I hereby consent to the Local Institute sharing my personal data with the Insurance Institute for corporate governance purposes.**

Signature of Nominee _____

Proposer _____

Proposer Signature _____

III Membership Number _____

Secunder _____

Secunder Signature _____

III Membership Number _____

Note: Any candidate for election to Local Council must be nominated in writing by two current members of the Local Institute. Such two members of the Local Institute may nominate more than one nominee. A separate Nomination Form must be used for each nominee.

This form must be completed and returned to the Local Institute Honorary Secretary before close of business on 8th April 2024.

Ms Niamh Hughes, Honorary Secretary

The Insurance Institute of Galway
Address: Clooncormack, Hollymount, Claremorris, Co Mayo.
Email: niamh.hughes@fd.ie