



Nomination of a Candidate for Election to the Board of Muscular Dystrophy Ireland CLG

1. To be completed by the Candidate:

Full Name of Candidate: _____

Contact Details of Candidate:

Address: _____

Email: _____

Tel: Mobile: _____ Daytime: _____

Data Protection Disclaimer:

The contact information on this form will be stored securely electronically and in print form in MDI Head Office. Information is stored solely in order that members can be contacted by MDI. The primary method of contact in relation to business of MDI unless explicitly stated will be by electronic mail.

Contact information will not be passed on to any third parties.

As per the General Data Protection Regulations 2018, I hereby consent for Muscular Dystrophy Ireland (MDI) to store my contact details as a member.

Signed: _____ Date: _____



Position on the Board being applied for: [Please tick one box only]

Chairperson (and Director*)

Vice-Chairperson (and Director*)

Treasurer (and Director*)

Secretary (and Director*)

Director (only)

*Candidates seeking election to one of the four offices are automatically placed on the general ballot for election to the Board.

I the undersigned accept nomination and accept the responsibility that arises as a trustee should my candidacy be successful.

Name of Candidate: _____

Signed: _____ Date: _____

[Please obtain signature of Proposer on Page 3]

Muscular Dystrophy Ireland CLG, Tel: (01) 6236414/5 Email: info@mdi.ie Website: www.mdi.ie
Directors: Mr. Patrick Cassidy (Interim Chairperson), Ms Róisín Glynn (Vice-Chairperson),
Ms Una McCourt (Company Secretary), Ms. Hazel Bridcut (Treasurer), Mr. Kenneth Rowan (Director),
Dr, John Roche (Director), Dr. Eoghan Clifford (Co-opted director) Mr. Gareth Crowe (Co-opted
director) Dr, Ashling Holland (Co-opted director), Ms. Fiona Nolan (Co-opted director).
Incorporated in Ireland under Company No 60460 – Registered Charity No. 20012038
Registered Office: 75 Lucan Road, Chapelizod, Dublin 20 D20 DR77



2. To be completed by the Proposer

Full Name of Proposer: _____

Contact Details of Proposer:

Address: _____

Email: _____

Tel: Mobile: _____ Daytime: _____

Data Protection Disclaimer:

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As per the General Data Protection Regulations 2018, I hereby consent for Muscular Dystrophy Ireland (MDI) to store my contact details as a member.

Signed: _____ Date: _____

Signature of Proposer in Support of Candidate's Nomination:

I have known the Candidate for ____ years

Signed: _____ Date: _____

A List of Eligible Members has been included for reference.

Completed Nomination Papers and Application Form must be returned by email to Company Secretary, Ms. Una McCourt at mdisecretary@mdi.ie by 5pm Friday, 23rd July 2021.

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