



## Nomination Form – AGM 2024

We, the undersigned, nominate for **Director**

Name of Nominee: \_\_\_\_\_  
(Block Capitals)

Address: \_\_\_\_\_

Signed (Proposer): \_\_\_\_\_ Member No: \_\_\_\_\_

Signed (Secunder): \_\_\_\_\_ Member No: \_\_\_\_\_

Consent if Nominee: I, as a member of Arklow Credit Union, hereby agree to be nominated as a candidate for Director and confirm I am over the age of 18

Signed (nominee): \_\_\_\_\_ Date: \_\_\_\_\_ Member No: \_\_\_\_\_

We, the undersigned, nominate for **Board Oversight Committee**

Name of Nominee: \_\_\_\_\_  
(Block Capitals)

Address: \_\_\_\_\_

Signed (Proposer): \_\_\_\_\_ Member No: \_\_\_\_\_

Signed (Secunder): \_\_\_\_\_ Member No: \_\_\_\_\_

Consent if Nominee: I, as a member of Arklow Credit Union, hereby agree to be nominated as a candidate for Director and confirm I am over the age of 18

Signed (nominee): \_\_\_\_\_ Date: \_\_\_\_\_ Member No: \_\_\_\_\_