



Nomination Form

Return by: 20th February 2012

Nomination for office to Regional Committee:

Nominee Name *:

Nominee Address:

Membership Type: Athlete Volunteer Family Member

Proposed Position:

Nominated By*:

Address:

Membership Type: Athlete Volunteer Family Member

Seconded By*:

Address:

Membership Type: Athlete Volunteer Family Member

Signed: _____

Date: _____

Club (if applicable): _____

***An individual must be registered with Special Olympics Ireland as:
An Athlete, Volunteer or Family Member to be a member**