

NOMINATION FORM

I	, as a fully paid-up member of ELSA,
	land or as a fully paid-up Associate Member of ELSA Ireland,
nominate	as a candidate for the post of
	on the ELSA Ireland National Board.
Signed:	
Nominator	
I	, as a fully paid-up member of ELSA,
a Member/Observer of ELSA Ire	eland or as a fully paid-up Associate Member of ELSA Ireland, hereby
second the above nomination.	
Signed:	
Seconder	
I	, as a fully paid-up member of ELSA,
a Member/Observer of ELSA Ire	eland or as a fully paid-up Associate Member of ELSA Ireland, hereby
accept the above nomination.	
Signed:	

Nominee