

**NOMINATION FOR CO OPTION TO AMBULANCE
REPRESENTATIVE COUNCIL**

I wish to nominate* _____
to be elected as MEMBER OF THE ABOVE COMMITTEE.

Proposer: _____

Secunder: _____

(*The person you wish to nominate must be a fully paid up member of SIPTU.)

**Nominations must be submitted on the
approved form to Eamon Lawless at
elawless@siptu.ie on or before 1pm
Wednesday, 20th December**

Alternatively please fill in the form and post it to
Returning Officer, Eamon Lawless, Liberty Hall, Eden
Quay, Dublin 1

