



**CERTIFICATE OF ACCEPTANCE OF NOMINATION
Nomination For County Officer or National Committee Representative**

I, _____ (print name),

of _____ (address)

Mobile No. _____ IFA Membership No. _____

Email _____

accept the nomination for the position of _____ (County Officer/National Committee Representative)

I am a member of IFA and have a minimum of six months unbroken membership.

I am a producer of the relevant commodity for the commodity committee I am nominated for. I am a full contributor of any relevant commodity levies operated by the IFA.

I accept all the rules of IFA¹ and all decisions that will be made or have been made by the IFA National Rules, Privileges and Procedures Committee and the IFA National Council.

I agree to observe the Officer Code of Conduct as approved by the IFA National Council.

I agree to comply with the IFA WhatsApp Code of Conduct.

I agree to treat all IFA Officers, Members and Staff with respect.

I agree to respect and comply with any rulings made by the Chair at IFA meetings.

I agree that the business of IFA should be conducted at IFA meetings, not in the media or on social media.

I will not make derogatory comments about IFA, its Officers, Members or Staff in the media or on social media.

I will not be active in party politics at the level of county officer or higher or seek nomination as a candidate (or substitute) for the European Parliament, Dáil or Seanad Éireann or a Local Authority during my period of office.

I understand and accept the commitment which the position of County Officer involves including regular attendance at County Executive meetings.

Signed: _____

Date: _____

Branch: _____

County: _____

Please note, your nomination is not valid until this form is completed and returned to your local IFA Regional Office or Regional Executive.

¹ <https://www.ifa.ie/wp-content/uploads/2023/07/IFA-Rules-and-Constitution-Updated-31-July-2023.pdf>