



VICTORIAN
APPLIED
LEARNING
ASSOCIATION

NOMINATION FORM for the VALA Committee

The person being nominated and the two people supporting this nomination must be financial members of VALA.

First name: Surname:

Organisation:

Indicate the position for which you are nominating (circle one)

- President
- Vice-President
- Secretary
- Treasurer
- General member (6 positions)

Signature of person being nominated

Are you a member of VALA? Yes No

The following VALA members support my nomination.

Name: Signature:

Name: Signature:

NB The nomination may be supported by an individual member of VALA or a person whose workplace is an organisational member of VALA. Additional forms may be obtained from VALA and will also be available prior to the AGM.

This form must be handed to the returning officer or the VALA administration officer prior to the AGM.



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