

Nomination for Branch Council

Nominee _____

Nominated by _____ Signed _____

Seconded by _____ Signed _____

I agree to this nomination: _____
(Signature of Candidate)

Notes

1. Photocopies or facsimiles of this form are acceptable.
2. Nominees, proposers and seconders must be financial members of the Branch.
3. This form must be signed by the Nominee in the space indicated - otherwise this nomination is invalid.
4. Please forward the **completed nomination form, curriculum vitae section and attach a passport style photo** so that it reaches the Chief Executive Officer no later than 5pm on Monday, 18 May 2026:
Level 3, 10 Yarra Street, South Yarra, Vic, 3141
(PO Box 9015, South Yarra, Vic, 3141)
Email: ask@adavb.org

**CURRICULUM VITAE DETAILS REQUIRED FROM EACH NOMINEE FOR INCLUSION
IN THE BALLOT PAPER**



V I C T O R I A

Name	
Year of Graduation	
Practice Details	
Relevant Qualifications and Honours	
Association Activities	
Other Activities	
Statement on motivation for nominating	