



# Disability, Elder and Health Law Practice Section

## NOMINATION FORM FOR SECTION COMMITTEES AND WORKING GROUPS

- I confirm that I am a current member of the Law Institute of Victoria's Disability, Elder and Health Law Practice Section

I wish to (re)nominate for the following Committee:

- Disability Law Committee  
 Elder Law Committee  
 Health Law Committee

Name .....

Firm .....

Address .....

.....

Phone .....

E-mail .....

I consent to my name and contact details (email address) being provided to other committee members, for the purpose of committee business, in the event that I am elected to the above committee.

Signature .....

Please return this form to [ALaurence@liv.asn.au](mailto:ALaurence@liv.asn.au) by no later than **5.00pm, Wednesday 28 October 2020.**

Law Institute of Victoria  
DX 350 MELBOURNE  
GPO Box 263  
Melbourne VIC 3001

**Nominations close 5.00pm Wednesday 28 October 2020.**