



VISUAL ARTS & DESIGN  
EDUCATORS ASSOCIATION

Visual Arts and Design Educators Association  
ABN 21 386 957 963

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## VADEA Life Membership and Honorary Membership Nomination Form

### 1. Honorary Membership

Any member of the VADEA Executive may nominate a person who is not a member of VADEA who has made an extraordinary contribution to the objects of the Association as an honorary Member of the Association.

**Date** (submit 6 weeks prior to AGM): \_\_\_\_\_

**Name of Nominated Honorary Member:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Executive Member Making Nomination:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Reason for Nomination** (by Executive nominator – 100 words). If more space is required attach support documentation to this nomination form:

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OFFICE USE ONLY-	
Discussed by Executive Committee	Y   N   Date .....
Ratified:	Y   N
Sign Off by both Co-Presidents	
.....	.....
Co-President Professional Learning	Co-President Membership and Advocacy

**2. Life Membership**

- A person who has been a member of the Association for 7 or more years;
- Served on the Executive for a minimum of 4 years;
- Significant contribution to Visual Arts Education in NSW;
- Nominated and seconded by two members of the Association.

**Date** (submit 6 weeks prior to AGM): \_\_\_\_\_

**Nominee:** \_\_\_\_\_

**Membership Number:** \_\_\_\_\_ **Member Since:** \_\_\_\_\_

**Contact Details: Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Nominator Name:** \_\_\_\_\_

**Nominator Membership Number** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Contact Details: Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Seconded by:**

1. Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

2. Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

**Nominator must provide statement** (max. 400 words) outlining the contribution of the nominated member to the objects of the Association. Additional information and documentation can be attached to this form.

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OFFICE USE ONLY-

Discussed by Executive Committee    Y    N            Date .....

Ratified:   Y   N

Sign Off by both Co-Presidents

.....

Co-President  
Professional Learning

.....

Co-President  
Membership and Advocacy

**Return Completed Forms to [contact@vadea.org.au](mailto:contact@vadea.org.au)**