



WOMEN IN
INSOLVENCY AND
RESTRUCTURING
VICTORIA

EXPRESSIONS OF INTEREST FOR SUB-COMMITTEE MEMBERSHIP 2021

Name: _____

Occupation: _____

Position / Title: _____

Area(s) of Practice: _____

Company Name: _____

Postal Address: _____

Email Address: _____

Phone: _____

Which sub-committee would you like to join in 2021? Please nominate your top 2 preferences by placing a 1 and 2 in the boxes next to your preferred sub-committees.¹

- Networking**
- Professional Development**
- Advocacy**
- Communication**

I confirm that I:

- (a) will attend at least 50% of all Sub-Committee meetings held during the year; and
- (b) am a WIRV member of good standing.

If I am accepted to a subcommittee of WIRV, I will familiarise myself with the WIRV Constitution and Charter of Rights and I will comply with my responsibilities and obligations as set out therein.

Signed:

Dated:

Please return completed and signed form by email to: secretary@wirv.com.au by 4.30pm on 26 March 2021

¹ If you would like to join 2 sub-committees please place a 1 next to both choices