

## COMMUNITY MEMBERSHIP

(please complete all details below if you are applying as an **individual** member, not as an organisational representative)

Name: .....  
(title) (first name) (surname)

Organisation: .....  
(optional)

Address: .....  
(street) (postcode)

.....  
(postal) (postcode)

Phone: ..... Fax: .....

Mobile: ..... Email: .....

desires to become a Member of **The Inner Northern Local Learning and Employment Network Inc.**

If admitted to membership, the applicant agrees:

- to be bound by the Rules of Association of The Inner Northern Local Learning and Employment Network Inc. for the time being in force
- to his/her contact details being circulated to other members of The Inner Northern Local Learning and Employment Network Inc. and related groups.

Applicant: ..... Date: .....  
(signature)

Please return the completed form either by post or fax:

Post: **INLLEN PO Box 123 Moreland VIC 3058** or Fax: **(03) 9384 2320**