

ORGANISATIONAL MEMBERSHIP

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

Organisation:

Address:

(street)

(postcode)

.....
 (postal)

.....
 (postcode)

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

Membership Category (please tick **one** category that best describes the organisation):

- | | |
|--|---|
| <input type="checkbox"/> 1. Schools | <input type="checkbox"/> 6. Employers , peak employer organisations, regional employer organisations and employment agencies |
| <input type="checkbox"/> 2. TAFE Institutes or universities with TAFE sectors | <input type="checkbox"/> 7. Local Governments |
| <input type="checkbox"/> 3. Adult Community Education organisations | <input type="checkbox"/> 8. Other community agencies and organisations, Commonwealth and State Government departments, adult, community and further education regional councils, regional youth councils, area consultative committees etc |
| <input type="checkbox"/> 4. Other education and training organisations including private registered training organisations, universities and group training companies | <input type="checkbox"/> 9. Koorie organisations , peak or regional Koorie agencies |
| <input type="checkbox"/> 5. Trade Unions | |

The organisation nominates the following person to act as its authorised representative:

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

Phone: Mobile:

Fax: Email:

to exercise all powers which it may exercise:

- at meetings of members of the Inner Northern Local Learning and Employment Network (INLLEN)
- relating to resolutions of the Inner Northern Local Learning and Employment Network (INLLEN) to be passed without meeting.

If admitted as a member, the organisation and its authorised representative agree:

- 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 their contact details being circulated to other members of The Inner Northern Local Learning and Employment Network Inc. and related groups.

Signed for and on behalf of the organisation by:

Authorised Officer: Date:
 (signature)

Position Held:

Representative: Date:
 (signature)

Position Held:

Please return the completed form to: **INLLEN PO Box 123. Moreland. VIC 3058** or Fax: **(03) 9384 2320**