

## 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. <b>Schools</b>   | <input type="checkbox"/> 6. <b>Employers</b> , peak employer organisations, regional employer organisations and employment agencies   |
| <input type="checkbox"/> 2. <b>TAFE</b> Institutes or universities with TAFE sectors   | <input type="checkbox"/> 7. <b>Local Governments</b>  |
| <input type="checkbox"/> 3. <b>Adult Community Education</b> organisations   | <input type="checkbox"/> 8. <b>Other community agencies</b> 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. <b>Other education and training organisations</b> including private registered training organisations, universities and group training companies | <input type="checkbox"/> 9. <b>Koorie organisations</b> , peak or regional Koorie agencies  |
| <input type="checkbox"/> 5. <b>Trade Unions</b>  |   |

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**