

MEMBERSHIP FORM

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

Organisation:

Address:
(street) (postcode)

.....
(postal) (postcode)

Phone: Fax:

Mobile: Email:

I would like 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/they/them contact details being circulated to other members of The Inner Northern Local Learning and Employment Network Inc. and related groups.

Applicant:
(signature)

Date:.....

Please return the completed form via email to: dkennedy@inllen.org.au

David Kennedy
Executive Officer
Inner Northern LLEN