



## 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 Banyule/Nilumbik Local Learning and Employment Network Inc.**

If admitted to membership, the applicant agrees:

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

Applicant: .....  
*(signature)*

Date: .....

*Please return the completed form either by fax or post:*

Fax: **(03) 9439 6010** or Post: **Banyule/Nilumbik LLEN  
Lower Plenty Neighbourhood House  
162 Main Road  
LOWER PLENTY VIC 3093**