



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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Schools   | <input type="checkbox"/> Employers, peak employer organisations, regional employer organisations and employment agencies  |
| <input type="checkbox"/> TAFE Institutes or universities with TAFE sectors   | <input type="checkbox"/> Local Governments  |
| <input type="checkbox"/> Adult Community Education organisations   | <input type="checkbox"/> 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"/> Other education and training organisations including private registered training organisations, universities and group training companies | <input type="checkbox"/> Koorie organisations, peak or regional Koorie agencies   |
| <input type="checkbox"/> Trade Unions  |   |

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

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

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

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

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

- to be bound by the Rules of Association of The Banyule/Nillumbik Local Learning and Employment Network Inc. for the time being in force
- to their contact details being circulated to other members of The Banyule/Nillumbik 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 either by fax or post:

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

