



**MEMBERSHIP APPLICATION FORM**

Please  tick the appropriate box for the **type** of **Member** to which you belong:

- COMMUNITY** (i.e. Individual Member) – **Only complete BOX A**
- ORGANISATIONAL MEMBER** – Complete **BOX B** and the Certificate of Appointment of Organisational Member Representative **over the page**

<b>BOX A: COMMUNITY MEMBER</b>	
Name:	
Address:	
Town:	Postcode:
Telephone:	Mobile:
Email:	
<i>I agree to be bound by the Rules of the Association.</i>	
_____ <b>Signature of Applicant</b> _____ <b>Date</b>	

<b>BOX B: ORGANISATIONAL MEMBER</b>	
Organisation:	
Address:	
Town:	Postcode:
Telephone:	Mobile:
Email:	

Please tick the relevant **Membership Category** box:

**(Please note: An Organisational Member may belong to only one Membership Category.)**

- Schools: government and non-government **(Category 1)**
- TAFE Institutes or Universities with TAFE sectors **(Category 2)**
- Adult Community Education organisations **(Category 3)**
- Other Education and training organisations including private registered training organisations, universities and group training companies **(Category 4)**
- Trade unions, peak trade union organisations and regional union organisations **(Category 5)**
- Employers, peak and regional employer organisations, and employment agencies **(Category 6)**
- Local governments **(Category 7)**
- Other community agencies and organisations, Commonwealth and State Government Departments, Adult, Community and Further Education Regional Councils, Regional Youth Councils, Area Consultative Committees, etc **(Category 8)**
- Koorie organisations, peak Koorie agencies or regional Koorie organisations **(Category 9)**
- Community Members **(Category 10)**

**Please note:** An application on behalf of an organisation **must** be signed by a person who has the requisite authority, such as a Director, CEO or other authorised officer of that organisation.

*I agree to be bound by the Rules of the Association.*

\_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Name of Applicant**

\_\_\_\_\_ **Position Held within Organisation**

*Please complete the Certificate of Appointment of Organisational Member Representative on page 2*



**CERTIFICATE OF APPOINTMENT OF  
ORGANISATIONAL MEMBER REPRESENTATIVE TO  
North East Local Learning and Employment Network Inc.**

*(to be completed by Organisational Members)*

This is to certify that

.....

*(Name of organisation)*

has appointed .....as its representative

*(Name of representative)*

to discharge all the powers which it may exercise:

- i. at meetings of the North East Local Learning and Employment Network; and
- ii. relating to resolutions of the North East Local Learning and Employment Network to be passed without a meeting.

This is a standing appointment.

Date: .....

Signed for and on behalf of .....

*Organisation Name*

.....

*Authorised Officer*

.....

*Position Held*

*Please submit applications by post or email to:*

North East LLEN  
PO Box 449  
Wodonga VIC 3689

Email: [administration@nellen.org.au](mailto:administration@nellen.org.au)

For further information, call the NELLEN CEO on (02) 6056 0966