



MEMBERSHIP APPLICATION AND INFORMATION – CAPITAL CITY LOCAL LEARNING AND EMPLOYMENT NETWORK INCORPORATED

.....
(Full name of applicant and organisation)
of (address)..... desires to become a
member of the Capital City Local Learning and Employment Network Incorporated.

Class of Member

Please tick the appropriate box for the class of Member you wish to belong:

- Community Member
- Organisational Member

Membership Category for Organisational Members

If an Organisational Member, please tick the appropriate Membership Category box
(An Organisational Member may belong to only one Membership Category):

- Schools
- TAFE Institute or University with TAFE sector
- Adult Community Education organisation
- Other education and training organisations and Universities
- Private Registered Training Organisations and Group Training Companies
- Trade Unions
- Employers/Peak employer organisations/Regional employer organisations and employment agencies
- Local government
- Other community agencies and organisations, Commonwealth and State government departments, parent organisations, School Focused Youth Services etc
- Adult, Community and Further Education Regional Councils, Regional Youth Councils, Area Consultative Committees etc
- Koorie organisation, Peak Koorie agency, Regional Koorie organisation

If admitted as a member, I/We agree to be bound by the Rules of the Association for the time being in force.

.....
Signature of or on behalf of Applicant Position Held (if an Organisation)

(An application on behalf of an organisation must be signed by a person who has the requisite authority, such as director, chief executive officer, secretary or other authorised officer of that organisation.)

Date