# North East Local Learning and Employment Network Inc.

**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***

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| --- |
| **BOX A**: **COMMUNITY MEMBER** |
| Name: |  |
| Address: |  |
| Town: | Postcode: |
| Telephone: |  | Mobile: |  |
| Email: |  |
|  |
| *I agree to be bound by the Rules of the Association.* **Signature of Applicant Date** |

|  |
| --- |
| **BOX B: ORGANISATIONAL MEMBER** |
| 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)
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|  |
| *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 Organisation 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 to

*(Name of representative)*

discharge all the powers which it may exercise:

* 1. at meetings of the North East Local Learning and Employment Network; and
	2. 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 Membership

PO Box 449

Wodonga Vic 3689

Phone: (02) 6056 0966

email: ceo@nellen.org.au

For further information, call (02) 6056 0966