

Please send completed form to [info@ccllen.org.au](mailto:info@ccllen.org.au)

\_\_\_\_\_  
(Full name of applicant & organisation they work for)

Of (address) \_\_\_\_\_  
desires to become a member of the Capital City Local Learning and Employment Network.  
Email address: \_\_\_\_\_

### Class of member

Please tick the appropriate box you wish to belong:

- Community Member (residing or working in the City of Melbourne), or  
 Organisation Member (representing your employer in the City of Melbourne)

### Membership Category for Organisational Members

If an Organisation member, please tick the appropriate Membership Category Box:

- Schools  
 TAFE Institute or University with TAFE sector  
 Adult Community Education organisation  
 Other education and training organisations and Universities  
 Private Registered Training Organisations, Group Training Companies and 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 bounded by the Rules of Association.

Signature of or on behalf of Applicant

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Position Held (if an Organisation)

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(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 ..... Organisation Authority: .....