**The Capital City Local Learning & Employment Network Inc.**



**Please send completed form to info@ccllen.org.au**

(Full name of applicant & employer)

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

Position Held (if joining as your Organisation’s represetative)

(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:

Suite 404, 365 Little Collins St| Melbourne | VIC, 3000 | T:0435 421 376 | [info@ccllen.org.au I](mailto:info@ccllen.org.au%20I) www.cityllen.org.au