

# BRIMBANK/MELTON LOCAL LEARNING AND EMPLOYMENT NETWORK (LLEN) INCORPORATED

Working with the Department of Education and Early Childhood Development



## ORGANISATIONAL MEMBERSHIP APPLICATION FORM

Name of Organisation .....

Name of Applicant .....

Address of Organisation .....

Email .....

Telephone: (B) ..... (M) .....

**desires to become an organisational member of Brimbank/Melton LLEN Incorporated.**

### Membership Category for Organisational Members

Please tick the appropriate Membership Category box (An Organisational Member may belong only to one Membership Category)

<input type="checkbox"/>	Schools
<input type="checkbox"/>	TAFE Institutes or Universities with TAFE sectors
<input type="checkbox"/>	Adult, Community Education organisations
<input type="checkbox"/>	Other education and training organisations including private registered training organisations, universities and group training companies
<input type="checkbox"/>	Trade Unions
<input type="checkbox"/>	Employers/Peak employer organisations/Regional employer organisations and employment agencies
<input type="checkbox"/>	Local governments
<input type="checkbox"/>	Other community agency and organisations, Commonwealth and State government departments, parent organisations, School Focused Youth Service etc
<input type="checkbox"/>	Adult, Community and Further Educational Regional Councils, Regional Youth Councils, Area Consultative Committees etc
<input type="checkbox"/>	Koorie organisations, Peak Koorie agencies or Regional Koorie organisations

**If admitted as a member, I agree to be bound by the Rules of the Association for the time being in force. (see [www.bmlen.com.au](http://www.bmlen.com.au) for Rules of Association)**

\_\_\_\_\_ Signature of Applicant (Representative)

-----Signature of Authorised Officer on behalf of Applicant

-----Name of Authorised Officer/Position held