

## Applying to become a member of Wimmera Southern Mallee Local Learning and Employment Network Inc

An application to become a member of the Wimmera Southern Mallee LLEN may be made by an individual person or a representative of an organisation.

An individual person making an application for membership can apply to become a Community Member. If you are applying for membership of Wimmera Southern Mallee LLEN as a Community Member, fill out Section 1 on page 2.

A representative of an organisation can apply on behalf of an organisation for the organisation to become a member. If you are applying for Membership of Wimmera Southern Mallee LLEN on behalf of an Organisation, fill out Section 2 on page 2. The nominated representative of an organisation can be changed at any time via written notification.

An application on behalf of an organisation must be signed by a person who has the requisite authority, such as a Director, Chief Executive Officer, Secretary or other authorised officer of that organisation.

Please forward your signed membership application form to:

EXECUTIVE OFFICER WIMMERA SOUTHERN MALLEE LLEN INC. PO BOX 841 HORSHAM VIC 3402

or Email to: eo@llen.com.au

For further information please contact our office on (03) 5381 0122

## MEMBERSHIP APPLICATION FORM

## Wimmera Southern Mallee Local Learning and Employment Network Inc.

Section 1 – Community Member

Full name of applicant: \_\_\_\_\_\_

Residential address

Preferred Phone Contact Number \_\_\_\_\_

Email \_\_\_\_\_

- □ I wish to receive an electronic copy of the WSMLLEN Annual Report
- □ I wish to receive a hard copy of the WSMLLEN Annual Report
- □ I prefer to receive correspondence from WSMLLEN by email
- □ I prefer to receive correspondence from WSMLLEN via Australia Post

I wish to apply to become a member of the Wimmera Southern Mallee LLEN. If admitted as a member, I agree to be bound by the Rules of Association.

	Date	
Signature of Applicant		

Section 2 – Organisational Member

Full name of your organisation \_\_\_\_\_

Business Address

Preferred Phone Contact Number \_\_\_\_\_

Business Email address \_\_\_\_\_

Full name of applicant (Organisation representative)

Position in your organisation \_\_\_\_\_

- □ I wish to receive an electronic copy of the WSMLLEN Annual Report
- □ I wish to receive a hard copy of the WSMLLEN Annual Report
- □ I prefer to receive correspondence from WSMLLEN by email
- □ I prefer to receive correspondence from WSMLLEN via Australia Post

I wish to apply for the above-named organisation to become a member of the Wimmera Southern Mallee LLEN.

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

Signature of Applicant (Organisation representative)

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\_Date \_\_\_\_\_