



APPENDIX 2
MEMBERSHIP APPLICATION FORM CENTRAL RANGES LLEN INCORPORATED

.....
(Full name of applicant/organisation) of

.....
(Address)

desires to become a member of CRLLEN Incorporated

Class of Member

Please tick the appropriate box for the class of Member to which you belong:

- Community Member
- Organisational Member

Membership Category for Organisational Members

If an Organisational Member, please tick the appropriate Membership Category box (An Organisational Member may belong only to one Membership Category):

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

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

.....
Signature of or on behalf of Applicant

.....
Position Held (if an Organisation)

(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.)

Date.....