



# Community Leadership Network Vic. Inc.

## CL NETWORK VICTORIA INC

A0058600D

### APPLICATION / RENEWAL OF MEMBERSHIP

I, ..... , of .....  
(Print Name) (Address)

member of the (Community Group) .....

Phone Contact: .....

Email Address: .....

Web site: .....

Applies to be accepted as a member of

CL NETWORK VICTORIA INC

I agree to pay the annual membership fee currently Group \$25 and Individual \$10 and be bound by the rules of the Association (see <http://whittleseacn.org.au/>) for the time being in force.

Please pay membership fees to:

CL NETWORK VICTORIA INC

Bendigo Bank

BSB: 633-000

Account No.: 148115777

SIGNATURE OF INDIVIDUAL APPLICANT

..... DATE.....

IF A COMMUNITY GROUP

Signature of duly appointed representative of the applicant Community Group

I, ..... , a member of the .....

(name of current member & Community Group)

Postal Address CL NETWORK VICTORIA INC  
C/o Peter Lalor Community Campus 34 Robert Street, Lalor VIC 3075  
Email: [Info@whittleseacn.org.au](mailto:Info@whittleseacn.org.au)