



ELIZABETHTOWN/HARDIN COUNTY
INDUSTRIAL FOUNDATION
TRAINING CONSORTIUM

MEMBERSHIP APPLICATION FORM

Business/Industry Name: _____

Primary Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Business/Industry Type: _____ Number of Employees: _____

List your representatives to serve on the committees below. The committees meet monthly to establish curriculum and schedule classes at the request of member business and industries.

Maintenance Training Committee Name: _____
Email: _____

Regulatory Training Committee Name: _____
Email: _____

Board Representative Name: _____
Email: _____

FEE SCHEDULE

MEMBERSHIP TYPE	ANNUAL DUES	CLASS FEES
Member	\$500	Discounted*
Non-Member	\$0	Published Fee

*Must meet grant guidelines

Please accept our application and annual fee for a membership in the Elizabethtown/Hardin County Industrial Foundation Training Consortium. Make check payable to Elizabethtown Industrial Foundation.

Signature of Company Representative: _____ Date: _____

Mail application and fee to: Elizabethtown Community and Technical College
Community and Economic Development Center
610 College Street Road
Elizabethtown, KY 42701