



## Membership Application

Business/Industry Name: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Business/Industry Type: \_\_\_\_\_ Number of Employees \_\_\_\_\_

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

Maintenance Committee \_\_\_\_\_ Email \_\_\_\_\_

Regulatory Committee \_\_\_\_\_ Email \_\_\_\_\_

Robotics Committee \_\_\_\_\_ Email \_\_\_\_\_

Soft Skills Committee \_\_\_\_\_ Email \_\_\_\_\_

Board Representative: \_\_\_\_\_ Email \_\_\_\_\_

<u>MEMBERSHIP TYPE</u>	<u>FEE SCHEDULE</u> <u>ANNUAL DUES</u>	<u>CLASS FEES</u>
Member	\$500	Discounted*
Non-Member	\$0	Published Fee

Please accept our application for a membership in the Elizabethtown/Hardin County Industrial Foundation Training Consortium.

Signature of Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application and fee to: EIFTC  
 233 Ring Road, Suite 150  
 Elizabethtown, KY 42701