

Lake Cumberland Regional Training Consortium

Membership Application Form

Membership Year: _____ Membership Dues: \$100 _____

Business Information

Company Name: _____

Phone: _____ Alt. Phone: _____

Address: _____ City, State, Zip _____

of Employees: _____ Business Type: _____

Website: _____

Contact Information

Name: _____ Email: _____

Title: _____ Cell Number: _____

Alt. Contact Information

Name: _____ Email: _____

Title: _____ Cell Number: _____

Name: _____ Email: _____

Title: _____ Cell Number: _____

Training Interest

The undersigned, a duly authorized company representative:

Signature: _____ Date: _____

Contact us at:
Lake Cumberland Regional Training Consortium
306 East Mt. Vernon Street, Suite 316
Somerset, KY 42501
(606) 425-5409
www.speda.org/LRCTC