

REQUEST TO BE ENROLLED AS A MEMBER  
OF THE ALLIANCE FOR THE CUMBERLANDS

I, \_\_\_\_\_, do hereby notify the Alliance for the  
[Insert Name of Officer or Representative]  
Cumberlands that \_\_\_\_\_ requests to be enrolled as  
[Insert Name of Organization or Agency]  
a Member. In support of this request, I certify (1) that I am an officer or other duly  
authorized representative of the above-named organization, (2) that representatives of  
this organization or agency have attended one or more meetings of the Alliance since  
the initial meeting in March 2002, and (3) that this organization or agency is interested in  
and supportive of the mission and goals of the Alliance, and thus qualifies for  
enrollment as a Member.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
[Officer or Duly Authorized Agent]

\_\_\_\_\_  
[Name of Organization or Agency]

\_\_\_\_\_  
[Mailing Address Line 1]

\_\_\_\_\_  
[Mailing Address Line 2]

\_\_\_\_\_  
[Email Address]

Note: This form should be submitted in writing to Zebulon Turrentine, Executive Director of the Alliance for the Cumberlands at:

Alliance for the Cumberlands  
C/O Extended Services, TTU  
P.O. Box 5073  
Cookeville, TN 38505