

**REQUEST TO BE ENROLLED AS 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 a
[Insert Name of Organization or Agency]
 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 Katherine Medlock, Executive Director of the Alliance for the Cumberlands at 706 Walnut St. Suite 200, Knoxville, TN 37902.