



Cumberland UNIVERSITY

Cumberland Culinary Center Membership

Date: _____

Name of Company: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Web Site: _____

Please provide a brief description of your products and/or services so we may list this description on the CU web site.

Select type of membership/annual dues:

- _____ Farmers - \$25.00
_____ Specialty Food Producers - \$50.00
_____ Co-packing & Procurement Only - \$50.00
_____ Suppliers - \$100.00

Customer Signature: _____

Forward completed form with Payment to:

Cumberland University
Culinary Center
One Cumberland Square
Lebanon, TN 37087
Attention: Judy Beavers

Your membership application will be submitted to the CCC Board of Directors for approval. You will be notified once you have been approved or should we have any questions. Thank you and we look forward to working with you. Cumberland University does not discriminate on the basis of race, sex, color, religion, sexual orientation, national origin, age, disability, or veteran status in provision of services provided at the Cumberland Culinary Center.

CCC Office Use Only

Accepted by Cumberland Culinary Center: _____
Check # _____