

LEPC Membership Form



To express interest in serving on a Local Emergency Planning Committee, complete this LEPC Member Application Form and submit it to the LEPC you wish to join.

LEPC Membership Application	
Applicant's First Name	
Applicant's Last Name	
Applicant's Mailing Address	
City	
State	
Phone	
E-mail	
Company/Agency Name	
Department Name/Title	
Please indicate the categories you are qualified to represent.	<input type="checkbox"/> State and Local Officials <input type="checkbox"/> Local Environmental Groups <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Hospital <input type="checkbox"/> First Aid or Emergency Medical Service <input type="checkbox"/> Community Groups <input type="checkbox"/> Local Government ESDA <input type="checkbox"/> Transportation <input type="checkbox"/> Fire Fighting <input type="checkbox"/> Broadcast & Print Media <input type="checkbox"/> Health <input type="checkbox"/> Owners/Operators subject to file a Tier 2 Report

Signature & Date

This Section to be Completed by LEPC Chair

- Membership application accepted and approved.
- Membership application denied.

Comments:

Signature of LEPC Chair:

Date: