



# LEPC Membership Application

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.

<b>LEPC Membership Application</b>			
Name of LEPC			
Applicant's First Name			
Applicant's Last Name			
Applicant's Mailing Address			
City			
State	ZQÁÖ[ á^ÁÁ		
Phone	ØØÉÝ ÁÁ		
E-mail			
Company/Agency Name			
Department Name/Title			
Please indicate the categories you are qualified to represent	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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"/> Owners / Operators subject to file a Tier 2 Report [29 IAC 620.90(a)]                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Local Government ESDA  <input type="checkbox"/> Transportation  <input type="checkbox"/> Fire Fighting  <input type="checkbox"/> Broadcast &amp; Print Media  <input type="checkbox"/> Health                 </td> </tr> </table>	<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"/> Owners / Operators subject to file a Tier 2 Report [29 IAC 620.90(a)]	<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
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Additional Comments			
Signature & Date			

***After completing the LEPC Member Application, please send it to the LEPC you wish to join.***

<b>This Section to be Completed by LEPC Chair</b>	
<input type="checkbox"/> Membership application accepted and approved. <input type="checkbox"/> Membership application denied.	
Comments:	
Signature of LEPC Chair:	Date: