



Membership Application

This section to be completed by the applicant

Last Name		
First Name		
Mailing Address		
City		
State		ZIP:
Phone		FAX:
E-mail		
Company/Agency		
Department		
Title		

Please indicate the categories you are qualified to represent

<input type="checkbox"/> State or Local official	<input type="checkbox"/> Local Government ESDA
<input type="checkbox"/> Local Environmental Group	<input type="checkbox"/> Transportation
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Fire Fighting
<input type="checkbox"/> Hospital	<input type="checkbox"/> Broadcast & Print Media
<input type="checkbox"/> EMS	<input type="checkbox"/> Public Health
<input type="checkbox"/> Community Group	<input type="checkbox"/> Other _____
<input type="checkbox"/> Owner/Operator subject to Tier2 reporting [29 IAC 620.90(a)]	

Additional Comments: _____

Signature: _____ Date: _____

After completing this Application, please send to the LEPC Chairperson

This section to be completed by the LEPC

Date received: _____ Membership Card/Certificate mailed: _____
 Date approved: _____ _____
 Comments: _____

 LEPC Representative: _____ Date: _____