



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.

LEPC Membership Application															
Name of LEPC															
Applicant's First Name															
Applicant's Last Name															
Applicant's Mailing Address															
City															
State	ZIP Code														
Phone	FAX														
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><input type="checkbox"/> State and Local Officials</td> <td><input type="checkbox"/> Local Government ESDA</td> </tr> <tr> <td><input type="checkbox"/> Local Environmental Groups</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Law Enforcement</td> <td><input type="checkbox"/> Fire Fighting</td> </tr> <tr> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> Broadcast & Print Media</td> </tr> <tr> <td><input type="checkbox"/> First Aid or Emergency Medical Service</td> <td><input type="checkbox"/> Health</td> </tr> <tr> <td><input type="checkbox"/> Community Groups</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Owners / Operators subject to file a Tier 2 Report [29 IAC 620.90(a)]</td> <td></td> </tr> </table>	<input type="checkbox"/> State and Local Officials	<input type="checkbox"/> Local Government ESDA	<input type="checkbox"/> Local Environmental Groups	<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"/> First Aid or Emergency Medical Service	<input type="checkbox"/> Health	<input type="checkbox"/> Community Groups		<input type="checkbox"/> Owners / Operators subject to file a Tier 2 Report [29 IAC 620.90(a)]	
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Additional Comments															
Signature & Date															

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

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

Send approved applications to Illinois Emergency Management Agency.
 Attn: Kathy Allen, 1035 Outer Park Drive, Springfield, IL 62704-4462