



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:	_____