APPLICATION FOR MEMBERSHIP
CHARLESTON COUNTY LOCAL EMERGENCY PLANNING COMMITTEE (LEPC)

Agency Name: ____________________________

☐ Fire
☐ Law Enforcement
☐ Government
☐ Emergency Management
☐ Emergency Medical Services
☐ Hospital
☐ Environmental
☐ Transportation
☐ Industry
☐ Media
☐ Other ____________________________

Address: ____________________________

Primary Representative (Voting Rights):

Primary Phone: ( )
Fax No.: ( )
E-mail: ____________________________

Alternate Representative (Voting Rights):

Primary Phone: ( )
Fax No.: ( )
E-mail: ____________________________

Associate Representative (NO Voting Rights):

Primary Phone: ( )
Fax No.: ( )
E-mail: ____________________________

Brief Description of Qualification(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What would you be able to contribute to the LEPC?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Brief Description of Resources that you may have that would benefit Charleston County.
(Training Facilities, Equipment, ETC.): ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Applicant Signature ____________________________

LEPC Chairperson Signature ____________________________

Date ____________________________

Approved (Date) ____________________________

F: /drive/LEPC/Member Application
09/09/2009