

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

Agency Name: _____

Address: _____

- Fire
- Law Enforcement
- Government
- Emergency Management
- Emergency Medical Services
- Hospital
- Environmental
- Transportation
- Industry
- Media
- Other _____

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*