

LOCAL EMERGENCY PLANNING COMMITTEE



Durham County LEPC Membership Application	
First Name	
Last Name	
Work Mailing Address	
City	
State	ZIP Code
Phone	
E-mail	
Company/Agency Name	
Department Name/Title	
Please indicate the categories you are qualified to represent	<input type="checkbox"/> State Government <input type="checkbox"/> Local Environmental Groups <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Hospital <input type="checkbox"/> First Aid or Emergency Medical Service <input type="checkbox"/> Community Groups <input type="checkbox"/> Facility Owners / Operators <input type="checkbox"/> Local Government <input type="checkbox"/> Transportation <input type="checkbox"/> Fire Fighting <input type="checkbox"/> Broadcast & Print Media <input type="checkbox"/> Health
Additional Comments	
Signature & Date	

After completing the LEPC Member Application, please send it to LEPC@DCoNc.Gov

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: