



Lycoming County 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	☐ Elected Officials ☐ Law Enforcement ☐ EMS & Health Providers ☐ Local Environmental Personnel ☐ Hospital Personnel ☐ Community Groups (not affiliated with emergency services) ☐ Owners/Operators subject to SARA, Title III ☐ Emergency Management ☐ Transportation ☐ Firefighting ☐ Broadcast & Print Media
Additional Comments	
Applicant Signature	Date:

After completing the member application, please send it to the Lycoming County LEPC.

This Section to be Completed by LEPC Chair	
☐ Membership recommendation approved by LEPC; submitted to the Commissioners for approval. ☐ Membership denied	
Signature of LEPC Chair:	Date: