



# MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS FOR MAILING KPEPC INFORMATION \_\_\_\_\_  
 \_\_\_\_\_  
(City) (State) (Zip Code)

TELEPHONE NUMBERS: \_\_\_\_\_  
(Work) (Pager) (Fax) (Cell) (E-Mail)

NAMED ALTERNATE: \_\_\_\_\_

Every member may name someone from their organization to act as an alternate. A Named Alternate is someone who attends meetings as your representative and may vote in your stead. However, if you should name an alternate who is a KPEPC member, that person will not be able to cast but one vote. For that reason, it is best that your named alternate be someone from your organization who is not a KPEPC member.

**MEMBERSHIP CATEGORY YOU ARE APPLYING FOR: (Circle only one)**

- |                              |                      |                 |                   |
|------------------------------|----------------------|-----------------|-------------------|
| Ambulance                    | Elected Official     | Health          | Local Environment |
| Broadcast/Print Media        | Emergency Management | Hospital        | Owner/Operator    |
| Community Group              | Fire Service         | Law Enforcement | Transportation    |
| Other, please specify: _____ |                      |                 |                   |

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

WEBSITE: \_\_\_\_\_

**Other Applicable Affiliations, Groups, Clubs:**

Please list any civic, environment, etc. groups to which you belong that may benefit your position on the KPEPC. Be sure to include any offices held.

\_\_\_\_\_

**WHICH COMMITTEE WOULD YOU BE MOST INTERESTED IN SERVING ON?**

Full descriptions of each committee are available in the membership packet or on the website.

Business, Membership and Community Outreach Committee	_____
Communication Systems Committee	_____
Drill Planning, Exercise & Training Committee	_____
Finance Committee	_____
Hazard Assessment, Planning & Mutual Resources Committee	_____
Plan Implementation & Evaluation Committee	_____

**RETURN APPLICATION TO: KPEPC, 113 Lakeview Drive, Charleston, WV 25313 or FAX : 340-3657**