



Louisiana Emergency Preparedness Association

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www.lepa.org

APPLICATION FOR MEMBERSHIP

- Check One: Individual Membership (\$75/year)
 Student Membership (\$20/year)
 Corporate Membership (see below)

CORPORATE MEMBERSHIP DUES

| # OF EMPLOYEES | ANNUAL DUES | ELIGIBLE MEMBERS |
|----------------|-------------|------------------|
| 1-100 | \$150 | 2 |
| 101-250 | \$300 | 4 |
| 251-500 | \$600 | 8 |
| 501-1000 | \$900 | 12 |
| Over 1000 | \$1200 | 16 |

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY, STATE , ZIP _____

PHONE#: _____

FAX#: _____

CELL#: _____

EMAIL: _____

RECRUITED BY: _____

(If Corporate Membership, show the primary contact for invoicing and attach a list of the other eligible members giving complete information on each.)

Please send this form with check or money order or include credit card information.

Circle Card Type Visa Mastercard AMEX Discover

Card No. _____ Exp. Date: .

PRIMARY AREA OF INTEREST:

Communications and Warning
 Shelter and Evacuation
 Law Enforcement
 Hazardous Materials
 Emergency Management
 Fire Services

Radiological & Nuclear
 Military
 Public Works and Utilities
 Public Information and Education
 Health & Emergency Medical
 Other _____