

Appendix C.

Sample LEPC or TEPC Membership Update Form

UPDATE FORM			
County:		Date:	
Area (if applicable):			
Presiding officer (county judge/parish president) (print name):			
Presiding officer approval (county judge/parish president) (signature):			
LEPC or TEPC Membership Categories			
Note: A single person may represent more than one category and more than one member may represent a category			
State/tribal/local official Law enforcement Firefighting	Emergency medical services Health/hospital Broadcast media/print media	Transportation personnel Local environmental group Community group	Facility owner/operator Other emergency management
Advisory to All LEPC or TEPC Members			
This information may be made available to the public under the State Open Records Act. Do not include home address, home telephone, or personal cell phone information.			
CHAIRPERSON UPDATE			
Name: Employer: Title: Address: City, state, ZIP:		Membership category: Phone: Cell phone: Email address:	
VICE CHAIRPERSON UPDATE (If Appropriate)			
Name: Employer: Title: Address: City, state, ZIP:		Membership category: Phone: Cell phone: Email address:	
Is this person a new member of your LEPC or TEPC? YES / NO		Did this person replace a previous member? If so, who?	
GENERAL MEMBERSHIP UPDATES			
Name: Employer: Title: Address: City, state, ZIP:		Membership category: Phone: Cell phone: Email address:	
Is this person a new member of your LEPC or TEPC? YES / NO		Did this person replace a previous member? If so, who?	

Name: Employer: Title: Address: City, state, ZIP:	Membership category: Phone: Cell phone: Email address:
Is this person a new member of your LEPC or TEPC? YES / NO	Did this person replace a previous member? If so, who?
Name: Employer: Title: Address: City, state, ZIP:	Membership category: Phone: Cell phone: Email address:
Is this person a new member of your LEPC or TEPC? YES / NO	Did this person replace a previous member? If so, who?