

Partnership for Emergency Planning (PEP) Membership Application

Complete this form if paying by check

| | | |
|--------------------------|-------------------|----------------------|
| Applicant Name: | | |
| Title: | | |
| Company: | | |
| Business Address: | | |
| Business Phone | Fax Number | Email Address |

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|--|
| <u>Membership Type</u> |
| <input type="checkbox"/> Private Sector Corporate <input type="checkbox"/> Public Sector Corporate <input type="checkbox"/> Private Sector Individual <input type="checkbox"/> Public Sector Individual <input type="checkbox"/> Student – Free if enrolled in Crisis Mgmt., Disaster Mgmt. or Emergency Mgmt. |
| <u>Annual dues: \$50.00 for Corporate, Government Agency, Non-Profit or Individual</u> |
| Checks payable to: Partnership to Emergency Planning |
| If purchasing a corporate membership, please list up to 4 additional members below: |
| 1) _____ 3) _____ |
| 2) _____ 4) _____ |

| | | |
|--|---|--|
| <u>Principle Type of Business</u> | | |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Hospital | <input type="checkbox"/> Public / Government |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Utilities | <input type="checkbox"/> State |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Retail | <input type="checkbox"/> Local |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____ |

| | |
|--|---|
| Applicant's Signature / Date: | |
| _____ | |
| By signing this membership application, I agree to abide by the PEP Code of Ethics | |
| To Pay by Check: | Partnership for Emergency Planning |
| Send this application along with your check to: | PO Box 593 |
| | Shawnee Mission, KS 66201 |
| Or to Pay By Credit Card: | |
| Register & Pay online at http://www.pepkc.org/join.htm | |