

# Membership Application

Complete this form if paying by check

|                          |                   |                      |
|--------------------------|-------------------|----------------------|
| <b>Applicant Name:</b>   |                   |                      |
| <b>Title:</b>            |                   |                      |
| <b>Company:</b>          |                   |                      |
| <b>Business Address:</b> |                   |                      |
| <b>Business Phone</b>    | <b>Fax Number</b> | <b>Email Address</b> |

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

|  |   |  |
|--|---|--|
| <b><u>Principle Type of Business</u></b> |   |  |
| <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               |

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