



Santa Rosa County
Local Mitigation Strategy
Member Information Form

Name: _____ Today's Date: _____
LAST FIRST MI

Are you attending as a representative of
 a business an organization government homeowners association
 resident other _____

Contact Information

Business/Organization/Government/Homeowner's Association (please print)

Business/Organization Name: _____

Address: _____ Phone: _____

_____ Fax: _____

Email Address: _____

Alternate Contact: _____ Alternate's Email: _____

Resident/Individual/Other (please print)

Representative's Name _____ Email Address: _____

Address: _____ Phone: _____

_____ Fax: _____

Participation Questionnaire

What is your desired level of participation in the Local Mitigation Strategy Work Group?

Active – Steering Committee Active – Working Committee Information Only

Do you possess any special skills that you feel would be an asset to the working group and which you would be willing to use as a participant in the working group?

Technical (special expertise in the area of engineering, mitigation methods, or other)

Public Information or other Organizational Coordination

Planning

Other _____

For Use by LMS Task Force Support Staff

Form Approved 5/26/2011

Signature of Task Force Chair (or designee)

Date

Work Group Member Appointed Member of Steering Committee Information Only