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

Signature of Task Force Chair (or designee) ___________________ Date ________________

[ ] Work Group Member [ ] Appointed Member of Steering Committee [ ] Information Only