



Western Pennsylvania CERT

Membership Application

-Agency or Business-



Name of Agency/Business: _____

Name of representative(s): _____

Mailing Address: _____

Street

City State Zip Code County

Physical Address (if different): _____

Street

City State Zip Code County

E-mail address: _____

Phone number: _____

By signing below, I certify that the information listed here is correct to the best of my knowledge and, as a member of Western Pennsylvania CERT, agree to abide by the organization's Bylaws and Code of Ethics.

Signature _____

Date _____

- Complete Application and send it along with a check or money order for \$100 to:

Western Pennsylvania C.E.R.T./Membership
PO Box 174, Grove City, Pa. 16127-0174