

(Print This Form -Fill In Blanks)

Facility911 Coalition
Member Enrollment Form

Your Name _____
(First) (Last)

Facility Name _____

Facility Type _____ No. of Beds _____

Street Address _____

(City) (State) (Zip Code)

Your Email Address _____

Your Telephone Number _____

Referred By _____
(Leave Blank If None)

Payment Information

Make your \$25.00 check payable to: Facility911 Coalition

**This includes emailing the four facility Emergency
Planning Manuals in PDF format and the Facility Certification Form
Plus many additional facility benefits

Mail this form and check to:

Ed Lupton
Facility911 Coalition
3875 A Telegraph Road, #421
Ventura, CA 93003

We will confirm your membership and forward a cover letter with information so
we can set up your member facility in our data bank of member facilities