

(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 \$57.00 check payable to: Facility911 Coalition  
CA residents add \$4.70 tax or \$61.70 total

\*\*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