

San Joaquin Operational Area Healthcare Coalition

**EMERGENCY PREPAREDNESS COMMITTEE PARTICIPATION AGREEMENT**

- Agree to participate in the Emergency Preparedness Committee as an active member
  
- Agree to participate on the Emergency Preparedness Committee as an inactive member

IN WITNESS WHEREOF, the undersigned have executed this Agreement on behalf of:

\_\_\_\_\_  
*Agency/Organization Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

By:

\_\_\_\_\_  
*Name<sup>1</sup>*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*

Submit this original signature page to:

San Joaquin County Emergency Medical Services Agency  
P.O. Box 220  
French Camp, CA 95231  
Attn: HPP Coordinator

\_\_\_\_\_  
<sup>1</sup> Authorized by the agency/organization to sign this agreement