



AZWARN MEMBER CONTACT FORM

Membership: **Member** ☐ **Associate Member** ☐ **Date:** _____

Agency Name: _____

Address: _____

City: _____ **Zip Code:** _____

County: _____ **24 Hour Telephone No.:** _____

Type of Agency: **Water** ☐ **Wastewater** ☐ **Public** ☐ **Other** _____

Member Representative: _____

Authorized by Member Organization to Vote

Title: _____

Telephone: _____

Cell Phone: _____

Email: _____

Emergency Contact 1: _____

Title: _____

Telephone: _____

Cell Phone: _____

Email: _____

AZWARN Contact: _____

Contact for General AZWARN Business

Title: _____

Telephone: _____

Cell Phone: _____

Email: _____

Authorized Designee: _____

Authorized to Accept and Provide Resources

Title: _____

Telephone: _____

Cell Phone: _____

Email: _____

Emergency Contact 2: _____

Title: _____

Telephone: _____

Cell Phone: _____

Email: _____

Specify Type of Contact and Name

Title: _____

Telephone: _____

Cell Phone: _____

Email: _____