

# GRADD Hazard Mitigation Council

## Membership Designation Form

City/County to be represented: \_\_\_\_\_

Check if you are a 6<sup>th</sup> Class city and want to be represented by the county

Designated Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_