

**AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC.  
MEMBERSHIP ROSTER**

Name of Team: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_

Location: \_\_\_\_\_ Kentucky Emergency Management Area: \_\_\_\_\_

Check Quarter:     First Quarter (Jul/Aug/Sep)     Second Quarter (Oct/Nov/Dec)     Third Quarter (Jan/Feb/Mar)     Fourth Quarter (Apr/May/Jun)

NAME TEAM MEMBER	*	NAME TEAM MEMBER	*
1.	<input type="checkbox"/>	19.	<input type="checkbox"/>
2.	<input type="checkbox"/>	20.	<input type="checkbox"/>
3.	<input type="checkbox"/>	21.	<input type="checkbox"/>
4.	<input type="checkbox"/>	22.	<input type="checkbox"/>
5.	<input type="checkbox"/>	23.	<input type="checkbox"/>
6.	<input type="checkbox"/>	24.	<input type="checkbox"/>
7.	<input type="checkbox"/>	25.	<input type="checkbox"/>
8.	<input type="checkbox"/>	26.	<input type="checkbox"/>
9.	<input type="checkbox"/>	27.	<input type="checkbox"/>
10.	<input type="checkbox"/>	28.	<input type="checkbox"/>
11.	<input type="checkbox"/>	29.	<input type="checkbox"/>
12.	<input type="checkbox"/>	30.	<input type="checkbox"/>
13.	<input type="checkbox"/>	31.	<input type="checkbox"/>
14.	<input type="checkbox"/>	32.	<input type="checkbox"/>
15.	<input type="checkbox"/>	33.	<input type="checkbox"/>
16.	<input type="checkbox"/>	34.	<input type="checkbox"/>
17.	<input type="checkbox"/>	35.	<input type="checkbox"/>
18.	<input type="checkbox"/>	36.	<input type="checkbox"/>

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed report to: Local Emergency Management Director and Division of Emergency Management Area Manager.

Local Emergency Management Director: \_\_\_\_\_ Date: \_\_\_\_\_

Division of Emergency Management Area Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Deleted: \*Check block if member is INACTIVE.¶

DO NOT LIST MEMBERS WHO ARE INACTIVE OR DECEASED. USE ADDITIONAL SHEETS IF NEEDED.