



Regional Emergency Preparedness Advisory Committee (REPAC)

REPAC Member Nomination Form
North Central Texas Council of Governments
Department of Emergency Preparedness

Name of Nominee: _____ Date: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Discipline: _____

Relevant work experience (may attach bio and/or documentation): _____

What contributions could the nominee make to the committee and region? _____

Current or previous service on any NCTCOG committee and year appointed: _____

Nominated By: _____ Title: _____

Signature: _____ Date: _____

All Nomination Forms must be sent to Braydon Williams, EP Specialist

Braydon Williams
bwilliams@nctcog.org
817-608-2318