



Savannah Heritage Emergency Response (SHER)

2013 Membership Form

PLEASE PRINT YOUR RESPONSES OR FILL OUT ELECTRONICALLY

FACILITY SUMMARY

Agency Name _____

Agency Physical Address _____

Agency Mailing Address _____

If your agency has additional properties, please list below. Use a second sheet if necessary.

Site _____

Site _____

Site _____

REPRESENTATIVES

Please submit a mobile phone number and web-based email so we can reach you *during* an emergency or evacuation. You may also add your office phone, if you prefer another number for non-emergencies.

Full Voting Representative (Name & Title) _____

Phone: _____ Email: _____

Associate Representative (Name & Title) _____

Phone: _____ Email: _____

Associate Representative (Name & Title) _____

Phone: _____ Email: _____

Contact information of the person with decision-making authority over building and collections post-disaster
(Name & Title) _____

Phone: _____ Email: _____

Your Disaster Recovery Contractors or Vendors
(Name & Title) _____

Phone: _____ Email: _____

STAFFING

Full-Time Staff	
Part-Time staff	
Volunteers	

(see other side)

SUBMISSION DATE: _____ **VOTE DATE:** _____ **STATUS:** ___ *Approved* ___ *Rejected**

*Reason for rejection: _____

ALTERNATE CONTACTS:

Please list alternate contacts who aid in disaster response and recovery. They do not have to be members of SHER.

Name & Title _____
Cell Phone: _____ Email: _____

Name & Title _____
Cell Phone: _____ Email: _____

POTENTIAL VOLUNTEERS FOR BASE CAMP or DAMAGE ASSESSMENT TEAMS (this does not obligate anyone at all)

Name & Title _____
Cell Phone: _____ Email: _____

Name & Title _____
Cell Phone: _____ Email: _____

Type of Agency

- | | |
|---|--|
| <input type="checkbox"/> Historic Structure | <input type="checkbox"/> Landscape/Garden |
| <input type="checkbox"/> Art Collections | <input type="checkbox"/> Object Collections |
| <input type="checkbox"/> Archival/Library Collections | <input type="checkbox"/> Living Specimen Collections |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Other _____ |

COLLECTION SUMMARY

Description of collection(s) maintained by the Agency. Please include a rough size estimate for the various types of collections.

GOVERNMENT AGENCIES ONLY - FREEZER SPACE NEEDS: Requires that staff is present at base camp.

Please indicate how many cubic feet of freezer space your agency may require to salvage wet materials after a major hurricane. _____ cubic feet

ADDITIONAL NOTES/COMMENTS/SUGGESTIONS

Name & Date of Person filling out form _____
Phone: _____ Email: _____

Mail completed form to: Lynette Stoudt, SHER c/o Georgia Historical Society,
501 Whitaker St, Savannah, GA 31401

Email completed form to: LStoudt@georgiahistory.com