



Membership Application

GENERAL INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail (optional): _____ Pager (optional): _____

MEMBERSHIP INFORMATION

Active

I understand that as an Active Member, I am committed to attending at least two Coalition Meetings per year.

Inactive

May we list your organization as a Safe Kids Connecticut member in our literature?

Yes No

In addition to participating in meetings, I may be able to help the coalition by:

- Volunteering for events (or providing volunteers from my organization)
- Supporting activities with donations of funding or in-kind goods and services
- Hosting or sponsoring a Safe Kids Connecticut event or program
- Including Safe Kids Connecticut information in our publications.
- Serving on a general speakers' bureau - speaking to groups in my area.
- Mailing information to our members, staff, and supporters.
- Other _____

Signature

Date

I understand that acceptance of this application does not constitute permission to use the Safe Kids Connecticut logo, name or materials without first receiving approval from the Safe Kids Connecticut lead organization, the Connecticut Childhood Injury Prevention Center at Connecticut Children's Medical Center. I also understand that the Connecticut Childhood Injury Prevention Center will not authorize and will not permit any member of Safe Kids Connecticut to authorize, any person or organization to use the name and trademarks to promote its products or services for endorsement or other commercial purpose.

Please return this form to:

**Safe Kids Connecticut
282 Washington St.
Hartford, CT 06106**