



Safe Kids Litchfield County Membership Interest

GENERAL INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

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

MEMBERSHIP INFORMATION

Level of Interest

- Participating/Being a member of the chapter
- Coordinating an area of childhood injury prevention (child passenger safety, fire safety, pedestrian safety, etc...) for the chapter
- Co-coordinating the Chapter

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 event or program
- Including Safe Kids 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 any Safe Kids logo, name or materials without first receiving approval from Safe Kids Connecticut or the Safe Kids Connecticut lead organization, the Connecticut Childhood Injury Prevention Center at Connecticut Children's Medical Center. I also understand that Safe Kids Connecticut 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 Litchfield County
Attn: Patti Palermo
350 Main Street, Suite E
Torrington, CT 06790