

MEMBERSHIP APPLICATION FORM

Yes, I/We agree with the goals of the _____ Chapter of the Nebraska SAFE KIDS Coalition and its multifaceted approach to childhood injury prevention: community action, educational interventions, public policy initiatives, and media efforts. I pledge to support unintentional childhood injury by participating in the _____ Chapter of the Nebraska State SAFE KIDS Coalition.

Signature

Date

(Please print)

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ FAX: _____

May we list your organization as a _____ SAFE KIDS Chapter member in local literature?
_____ YES _____ NO

I will support the _____ SAFE KIDS Chapter and Coalition in the following areas:
(*check all that apply*)

_____ Providing volunteers to help conduct Chapter events.

_____ Supporting Chapter activities with donations of funding or in-kind goods & services.

_____ Hosting or sponsoring a _____ SAFE KIDS Chapter event or program.

_____ Printing or photocopying Chapter materials.

_____ Including _____ SAFE KIDS Chapter information in our publications.

_____ Providing materials for distribution through the Chapter's activities.

_____ Serving on a general speaker's bureau; may include a particular risk area of your interest

_____ Mailing information to our members, staff, and supporters.

_____ Other: _____

I understand the acceptance of this application by the Chapter does not constitute permission to use of any SAFE KIDS logo, name, or materials without first receiving approval from the _____ SAFE KIDS Chapter's lead organization.

NOTE: The Lead Agency for the State Coalition will not authorize or permit any member of the Chapter to authorize any person or organization to use the name and trademarks to promote its products or services for endorsements or other commercial purpose.