



OHIO SAFE KIDS MEMBERSHIP APPLICATION

YES! I agree with the goals of the Ohio SAFE KIDS Coalition and its multifaceted approach to childhood injury, education, enactment, enforcement, engineering and evaluation. I pledge to fight the number one cause of death and disability in children - unintentional injuries - by participating in the Ohio SAFE KIDS Coalition.

I understand that acceptance of this application does not constitute permission to use the State or National SAFE KIDS logo, name or materials without first receiving approval from the Ohio SAFE KIDS Coalition's lead organization.

Signature Required for Membership**Date**

Name: _____

Coalition/Chapter: _____ Lead Agency: _____
(if applicable)

Address: _____ City: _____ State: _____ Zip: _____

Work Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: _____

Risk Area (s) Expertise or Interest:

- | | |
|---|--|
| <input type="checkbox"/> Traffic Crashes | <input type="checkbox"/> Falls |
| <input type="checkbox"/> Bicycle Injuries | <input type="checkbox"/> Choking/Poisoning |
| <input type="checkbox"/> Child Passenger Safety | <input type="checkbox"/> Unintentional Firearm Incidents |
| <input type="checkbox"/> Occupant Protection | <input type="checkbox"/> Other: (Please specify) _____ |
| <input type="checkbox"/> Burns/Fires | _____ |
| <input type="checkbox"/> Drownings | _____ |
| <input type="checkbox"/> Pedestrian Injuries | |

I have expertise in the following areas or would be interested in participating on the following Action Teams:

- | | |
|--|--|
| <input type="checkbox"/> Data Collection | <input type="checkbox"/> Education |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Media |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Nominating | <input type="checkbox"/> Awards |

May we list your organization as an Ohio SAFE KIDS member in state/local literature? Yes No

Membership Status: check one Active Member Mailing List Only

Please mail or fax application to:
Ohio SAFE KIDS
c/o Ohio Department of Public Safety, Division of EMS
1970 W. Broad St., Columbus, OH 43223
1-800-233-0785 Phone 614-466-9461 FAX