Safe Kids of Greater Knox Area Membership Application

Yes! I agree with the goals of Safe Kids and its multifaceted approach to childhood injury prevention, community action, education interventions, public policy initiatives and media efforts. I pledge to fight unintentional childhood injury by participating in Safe Kids.

Signature Date

(Please print clearly)

NAME E-MAIL ADDRESS

TITLE

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

AREA CODE PHONE NUMBER FAX

Way you prefer to be contacted: PLEASE CIRCLE YOUR CHOICE

E-Mail Phone Fax Mail

I am interested in assisting with and participating in the following: (Check all that apply)

___Providing volunteers to help conduct coalition events.
___Supporting coalition activities with donations of funding or in-kind goods and services.
___Hosting or sponsoring a Safe Kids event or program.
___Designing, printing or copying coalition materials.
___Including Safe Kids information in my organization's publications.
___Providing my organization's materials for distribution through Safe Kids activities.
___Serving on a general speaker's bureau.
___Monetarily sponsoring a speaker or Safe Kids activity.
___Mailing information to my organization's members, staff, and supporters.
___Organizing letter writing or phone calling campaigns to state and federal lawmakers to support a certain public policy effort.
___Other. _____

I am interested in participating in any of the following committee as needed:

___Public Policy
___Fundraising
___Media
___Education
___Membership Development

___I am interested in SAFE KIDS addressing the following injury prevention topics (please list your interests): _____

_____

I understand that acceptance of this application by the coalition does not constitute permission to use the local or state SAFE KIDS coalition logo, name or materials without first receiving approval from the SAFE KIDS lead organization.

NOTE: The lead organization for the coalition will not authorize, and will not permit any member of the coalition 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 your application to:

Susan Cook, Safe Kids Coordinator
c/o Nursing Administration Dept.
East Tennessee Children's Hospital
2018 Clinch Avenue
Knoxville, TN 37916