

SAFE KIDS STARK COUNTY

2006/2007 MEMBERSHIP APPLICATION

Name: _____

Title: _____

Organization: _____

Work Address: _____

City & Zip: _____ Work Phone: _____

Fax: _____ Home Phone: _____
(Optional)

Email: _____

**All correspondence (minutes, reminders, etc) will be done via e-mail (if possible). If you prefer a hard copy be sent via postal mail, please check here.

◆ ----- ◆
Please select committee of interest (you may select more than one)

Child Passenger Safety

Safe Kids Day

Fire Safety & EMS

Law Enforcement

Wheeled Sports Safety

Data & Research

Pedestrian Safety

Media Relations

◆ ----- ◆
Signature: _____

Date: _____

FOR OFFICE USE ONLY

DATE JOINED: _____