



**Membership Application Form**

<b>Name:</b>	<b>Organization:</b>	<b>Phone (Ofc):</b> (____) _____ <b>Phone (Fax):</b> (____) _____ <b>Phone (Cell):</b> (____) _____	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Title:</b>	<b>Dept:</b>	<b>Email:</b>	
<b>CPS Technician:</b> (circle all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, would you like to be?  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Prevention Areas of Interest:</b> (circle all that apply)  <input type="checkbox"/> Child Passenger Safety <input type="checkbox"/> Bicycle Safety <input type="checkbox"/> Legislative <input type="checkbox"/> Grants <input type="checkbox"/> Pedestrian <input type="checkbox"/> Traffic Safety <input type="checkbox"/> Drowning <input type="checkbox"/> Fire Safety <input type="checkbox"/> Other _____		

- I have been given a copy of the Central Ohio Safe Kids Coalition By-Laws and agree to fully abide by the Standing Rules. I understand that I may, in writing, terminate my membership with the Central Ohio Safe Kids Coalition at any time.
- I am willing to serve on a standing committee or appointed sub committee as needed.

\_\_\_\_\_

**Individual**

\_\_\_\_\_

**Organization Representing**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_