



Led by:



Northeast Georgia Medical Center & Health System

Safe Kids Gainesville/Hall County

Membership Information Sheet

Name	Title	
Organization (if any)	Office Phone	Cell Phone
Mailing Address	City	Zip
Email Address	Birthday (month/day only)	

I am interested in supporting the Safe Kids Gainesville/Hall County
(Indicate desired membership status)

- Active Membership** (described as follows)
 - Attends a minimum of 6 general monthly meetings annually.
 - Participates in a minimum of 1 SAFE KIDS event per year.
 - Has voting privileges.
- Associate Membership** (described as follows)
 - Attends a minimum of 1 general monthly meeting annually OR Participates in 1 SAFE KIDS event annually.
 - Has no voting privileges.
- Affiliate Membership** (described as follows)
 - Receives mailings only
 - Not required to attend meetings or participate in SAFE KIDS events.
 - Has no voting privileges

Please indicate subcommittee(s) of interest:

- | | |
|---|--|
| <input type="checkbox"/> Child Passenger Safety | <input type="checkbox"/> SAFE KIDS Week |
| <input type="checkbox"/> Bicycle Safety | <input type="checkbox"/> Pedestrian Safety |
| <input type="checkbox"/> Fire & Burn Prevention | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Home Safety | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Water Safety | <input type="checkbox"/> Volunteer Recognition |
| <input type="checkbox"/> Sports and Recreation | <input type="checkbox"/> Other _____ |

Please list any special talents you have and are willing to share with the Coalition::

I agree with the goals of the Safe Kids Worldwide and the Gainesville/Hall County Coalition and its multi-faceted approach to the prevention of unintentional injuries.

Signature

Date