

STARK COUNTY SAFE COMMUNITIES

2008/2009 MEMBERSHIP APPLICATION

Name: _____

Title: _____

Organization: _____

Work Address: _____

City & Zip: _____ Work Phone: _____

Fax: _____ Home Phone: _____
(Optional)

Email: _____

**Most 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 area of interest (you may select more than one)

- | | |
|--|--|
| <input type="radio"/> Seatbelt Challenge | <input type="radio"/> Seatbelt Education/Campaigns |
| <input type="radio"/> Impaired Driving Education/Campaigns | <input type="radio"/> Motorcycle Safety |
| <input type="radio"/> Fundraising | <input type="radio"/> Data & Research |
| <input type="radio"/> School Safety Programs | <input type="radio"/> Media Relations |
| <input type="radio"/> Community Safety Events/Fairs | |

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE JOINED: _____

9/08