



Membership Form

Proudly Led By:



Children's Hospital
at Memorial University
Medical Center

Date: _____

(please check one) New Member Membership Renewal

Name: _____ Title: _____

Organization: _____

Department: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than street address): _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Cell Phone #: _____

Fax #: _____ Birthday: _____

Email Address: _____

Website Address: _____

Program Interest:

____ I will continue to serve on the _____
_____ committee(s)/board(s).

____ I am interested in serving on the following committee(s):

- | | | |
|---------------------------|----------------------------|-----------------------|
| ____ Advocacy | ____ Bike Safety | ____ Fire Safety |
| ____ Home Safety | ____ Membership | ____ Occupant Safety |
| ____ PACE (Pedestrian) | ____ Poison/Choking Safety | ____ Public Relations |
| ____ Resource Development | ____ Sports/Falls Safety | ____ Water Safety |

(over please)

Membership Dues

Membership in Safe Kids Savannah is through an annual donation to the Coalition of \$25.00. All money donated will be used to cover Coalition meeting costs and costs associated with the Annual Awards Luncheon and Annual Planning Retreat Day. By paying membership dues your admission to the Annual Awards Luncheon will be covered.

____ Enclosed is my donation of _____ to the Safe Kids Savannah coalition.

____ Please invoice me for my membership dues, my agency/organization will pay them.

____ I am unable to pay membership dues. I understand that I must pay for my own ticket if I wish to attend the Annual Awards Luncheon in May.

Supervisor Approval

Please take a few moments to read the following and answer accordingly. We value your membership in Safe Kids Savannah and want to make sure that your agency/organization does, too.

____ My supervisor knows that I am a member of Safe Kids Savannah and allows me time to attend meetings and participate in events.

____ My supervisor is supportive of Safe Kids Savannah and the work that they do. If I am ever unable to represent my agency/organization on the Coalition he/she will appoint a replacement.

____ My supervisor knows that I am a member of Safe Kids Savannah but is not supportive of me attending meetings and events. I would like someone to call him/her to discuss the importance of my involvement. (please provide your supervisor's contact information below)

____ My supervisor does not know that I am a member of Safe Kids Savannah.

____ I am my own supervisor, I do not report to anyone.

Occasionally we like to contact agencies/organizations to thank them for their involvement and to invite them to special events. Please fill out the following information for your direct supervisor:

Supervisor Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone #: _____ Fax #: _____

SKS OFFICE USE ONLY

Date: Received: _____

Dues paid: _____

Entered into Database: _____

Cash/Check #: _____