



## Membership Application

Please submit via email to Marie Pagnotta ([pagnottamc@upmc.edu](mailto:pagnottamc@upmc.edu)).

1. **May we list your organization as a coalition member in local/state literature?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2. **How many years have you been involved with the coalition?**

\_\_\_\_\_

3. **I am interested in supporting the coalition in the following areas: (check all that apply)**

- Providing volunteers to help conduct coalition events.
- Supporting coalition activities with donations or in-kind goods and services.
- Hosting or sponsoring a coalition event or program.
- Printing or photocopying coalition materials.
- Including coalition information in publications.
- Providing my materials for distribution through the coalition’s activities.
- Serving on a general speaker’s bureau focusing only on a particular risk area, such as \_\_\_\_\_
- Other: \_\_\_\_\_

4. **I am interested in participating in any action group or standing committee that the coalition may establish as needed (see below):**

Action Groups

- \_\_\_\_\_ Bicycle Safety
- \_\_\_\_\_ Fire Prevention
- \_\_\_\_\_ Motor Vehicle
- \_\_\_\_\_ Pedestrian Safety
- \_\_\_\_\_ Falls
- \_\_\_\_\_ Choking/Poison Prevention
- \_\_\_\_\_ Water Safety
- \_\_\_\_\_ Home Safety
- \_\_\_\_\_ Sports Safety

Standing Committees

- \_\_\_\_\_ Public Policy
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Media
- \_\_\_\_\_ Education
- \_\_\_\_\_ Membership Development

5. **I know of an upcoming event/program with my organization or another organization where the coalition should participate.** Please include detailed information (the name, location and date of the event, the contact person, their email address and/or phone number, any deadline dates, etc.).

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\_\_\_\_\_  
\_\_\_\_\_



6. I know someone (or an organization) who should be part of our coalition. Please include their name, organization, and contact information.

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7. Meetings are held bi-monthly on the third Wednesday from 10-11am. This schedule works for me.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If you answer no, please include other suggestions the group should consider:

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## Member Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Your Organization's Website Address \_\_\_\_\_

Organization \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_



I am a member of Safe Kids Allegheny County because:

- I agree with the goals of the Safe Kids Allegheny County and its multifaceted approach to childhood injury prevention, community action, educational interventions, public safety initiatives and media efforts.
- I pledge to fight unintentional childhood injury in Allegheny County.
- I will assist with at least 2 coalition events throughout the calendar year.
- I will notify the Safe Kids Coordinator of community events and programs where the coalition should participate or provide information.
- I will recruit additional members if their personal/professional vision mirrors the vision of the coalition.

X

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Signature

Date

*I understand that acceptance of this application by the coalition does not constitute permission to use the (local or state) Safe Kids coalition logo, name or materials without first receiving approval from the Safe Kids Allegheny County lead organization.*