**Safe Kids Connecticut Membership Application**

Please return this form to Meg **at** [**mmccabe@connecticutchildrens.org**](mailto:mmccabe@connecticutchildrens.org) **or return form to:**

**Safe Kids Connecticut**

**282 Washington St.**

**Hartford, CT 06106**

Name: Title: ,

Organization: ,

Address: ,

City: State: Zip Code: ,

Telephone: Fax: ,

E-mail :, ,

I can help Safe Kids Connecticut by:

□ Attending coalition meetings

□ Volunteering for events (or providing volunteers from my organization)

□ Supporting activities with donations or fundraising

□ Hosting or sponsoring a Safe Kids Connecticut event or program

Are you interested in receiving the Safe Kids Connecticut e-newsletter?

□ Yes □ No

Are you interested in working in a specific coalition?

□ Safe Kids Fairfield County □ Safe Kids Windham County □ Safe Kids New London County

□ Safe Kids Litchfield County □ Safe Kids Greater Naugatuck Valley □ Safe Kids Greater New Haven

□ Safe Kids Greater Waterbury

Are you interested in leading a Safe Kids Coalition in your area?

□ Yes □ No

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**Signature**  **Date**

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