


Greater Cleveland SAFE KIDS/Safe Communities Coalition

**Child Passenger Safety
Membership Participation Form**

Community/ Group: _____

Approximate Date(s): _____

All items free of charge/quantities limited/while supplies last

Campaign Materials	Quantity
 <p>"Boost Ohio Kids" Brochures</p>	<input type="checkbox"/> 50 <input type="checkbox"/> 100
<p>"Boost Ohio Kids" Poster</p>	<input type="checkbox"/> 5 <input type="checkbox"/> 10
 <p>"Installing Child Safety Seat" books</p>	<input type="checkbox"/> 50 <input type="checkbox"/> 100
 <p>"Give Ohio Kids a Boost" bookmarks</p>	<input type="checkbox"/> 50 <input type="checkbox"/> 100

Name of sponsoring agency: _____

Contact name: _____

Address for shipping: _____

Phone number: _____ E-mail address: _____

Please fax responses to 216-983-1180.

Office Use Only	
Date Filled: _____	Initials: _____
Date Sent/Picked Up: _____	Initials: _____
Activity Report? <input type="checkbox"/> Yes Date: _____	