



IDAHO  
Child Abuse  
Prevention  
COALITION

# Honorary Membership Form

The Idaho Child Abuse Prevention Coalition c/o Idaho's Heart, Inc.  
PO Box 4941 Boise ID 83711 (208) 424-0943 information@idahosheart.org

*Please attach a brief narrative (no more than one page) explaining how your organization would like to contribute to Coalition efforts.*

Applying as an:  individual  organization.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

(if an organization)

Organization Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

Please add our organization to the Coalition website.

Web address: \_\_\_\_\_

Please complete the following information for the website if different than that supplied above.

Contact(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

The above identifies our contact information for the Coalition. By signing this application, I agree to contribute to Coalition efforts in the manner described on the attached page for the period of June 1, 2008 to May 31, 2009. I understand that my or my organization's name and logo may be used in all Idaho Child Abuse Prevention Coalition promotional materials. I understand that I will have 30 days prior to finalization of such materials to remove our/my name and/or logo.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Office use only:

Received: \_\_\_\_\_  Accepted  Not accepted by a vote of \_\_\_\_\_ members out of \_\_\_\_\_ present on \_\_\_\_\_

Benefits:  Advertising  Blue Ribbons  Voting privileges  Other: \_\_\_\_\_