



**IDAHO
Child Abuse
Prevention
COALITION**

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

Enrolling as an: individual organization

Name: _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

Organization Representative
(if an organization): _____

Telephone Number: _____ Ext. _____

Email: _____

Committee Assignment: Blue Ribbon Celebration Fundraising Kick-off
 Media/PR PSA Youth Involvement

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 and agency representative to the Coalition. By signing this form I acknowledge that I have read the membership agreement and agree to commit _____ (agency - or if individual write "myself") to the Coalition 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: _____ Member List Meeting sign in Website Email list Committee list Committee chair