



Alliance for Community Traffic Safety in Oregon

8059 S.W. Cirrus Dr., Beaverton, OR 97008

Phone: 503 643-5620 Fax: 503 643-5680

Website: www.actsoregon.org

Community Traffic Safety Program

Oregon Child Safety Seat Resource Center

2009-2010 Membership – Mid-Year Special

Your membership supports the ACTS Oregon Mission - to reduce fatalities, injuries and the severity of injuries resulting from vehicle crashes throughout Oregon – and opens the door to traffic safety resources and newsletters.

Coming soon! A "Members only" section on the ACTS Oregon website.

ACTS Oregon nomination forms, ballots, and Annual Meeting notices are sent to the **Individual Member or Organization Representative** listed. Each membership is entitled to one vote for board elections.

Please Check Membership Type (dues–Oct. 1, 2009 through Sept. 30, 2010)

Individual Membership Categories

- ~~\$25.00~~ **\$12.50 Individual** level
- \$120.00 Contributing level
 - Automatic checking deduction* - \$10/mo
 - One-time annual charge – ___ check enclosed ___ invoice please
- \$240.00 Sustaining level
 - Automatic checking deduction* - \$20/mo
 - One-time annual charge - ___ check enclosed ___ invoice please
- \$500.00 Lifetime Member

* For automatic deduction option, please contact ACTS Oregon (503)643-5620

Group Membership Categories

- ~~\$100.00~~ **\$50.00 Committee or Business with less than 15 members or employees** - ___ check enclosed ___ invoice please
- ~~\$200.00~~ **\$100.00 Committee or Business with 15 or more members or employees** - ___ check enclosed ___ invoice please
- \$750.00 Lifetime Member - ___ check enclosed ___ invoice please

Action Options – pick your donation target (additional support for ACTS Oregon Programs) - ___ Check enclosed ___ Invoice please

- \$ 45.00 gift sponsors 500 Calling Cards promoting the Child Safety Seat Resource Center throughout Oregon.
- \$ 80.00 gift buys 2 child safety seats for lower income families –
Please designate County _____

Individual/Organization Representative: _____

Name of Organization (if applicable) _____

Street or P.O. Box _____

City _____ **State** _____ **Zip** _____

Phone (Work) _____ (Home) _____

Fax _____ **E-mail** _____

Please provide e-mail (preferred) or postal mailing addresses for those wishing to receive **Traffic Safety Connection**, the ACTS Oregon newsletter. This data is kept confidential and utilized for this purpose or other relevant communication from ACTS Oregon only.

a) _____

b) _____

c) _____

d) _____

I'm interested in volunteering with ACTS Oregon. Please contact me regarding:

- Board Membership
- Calling Card promotion for CSSRC
- Community Traffic Safety Mini-Grant Review Panel
- Traffic Safety Mentor to Local Communities
- Setting up a local traffic safety committee

Membership may be completed online at www.actsoregon.org which will allow you to pay with a debit or credit card through PayPal.

OR the Membership form and dues can be mailed to:

ACTS Oregon
8059 SW Cirrus Dr.
Beaverton, OR 97008

For invoice: Fax or scan/email your membership form & request to 503-643-5680.

Thank you for your support! ACTS Oregon is a 501(c)3 corporation. Membership and contributions to ACTS Oregon are tax deductible to the extent allowed by law.

For Office Use Only:

Date Received: _____ Date Certificate Mailed: _____

Recorded: _____ ACT
 _____ Web

Payment: _____ Check # _____
 _____ Invoice # _____ Staff: _____