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

Celebrating 16 Years of Service!

2011-2012 Membership

Fillable Registration Form - Must be submitted via E-Mail

INSTRUCTIONS: Before you begin filling out this form you MUST save this file to your own computer. Then, close this window. To begin filling out form, open your saved file in Adobe Reader 8 or higher. Finally, save your completed file and send via E-Mail to Safety@ACTSOregon.org

ACTS Oregon is a non-profit membership organization. We work throughout Oregon supporting communities in making roadways safe for vehicles, bicycles and pedestrians and to ensure safe transportation of child passengers through training, public education, technician support and outreach. **Your membership** opens the door to traffic safety resources and newsletters. We appreciate your support!

Please Check Membership Type (Dues–Oct. 1, 2011 through Sept. 30, 2012)

Individual Membership Categories

- ☐ $ 35.00 Individual ï Annual dues
- ☐ $120.00 Benefactor ($35 Annual dues + $85 additional support for ACTS Oregon)
  - ☐ Automatic payment *option*** ($10/mo for 12 months)
- ☐ $500.00 Lifetime Member (**one-time payment**)

** Please set up via autopay through your checking/bank account

Group Membership Categories

- ☐ $100.00 Committee or Business with less than 15 members or employees
- ☐ $200.00 Committee or Business with 15 or more members or employees
- ☐ $750.00 Lifetime Member (**one-time payment**)

Program Sponsor *(support for the Child Safety Seat Resource Center)*

- ☐ $ 50.00 gift - distributes 500 cards that state Oregonôs current child safety seat law and promotes the Child Safety Seat Resource Center throughout Oregon
- ☐ $ 80.00 gift - buys 2 child safety seats for lower income families ï you may choose to designate the Oregon County you wish the seats to go to: Multnomah

Total Due: $ _____ I will pay via: ☐ Check ☐ Paypal* ☐ Invoice please

Make checks payable to ACTS Oregon & mail to address above or *complete the form online at www.actsoregon.org/membershipSignup.html (allows payment by credit card through PayPal).

Name of Contact Person: _____

Your Company/Organization Name: _____

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

Phone (Work) _____ (Home) _____

Fax _____ **E-mail** _____

ACTS Oregon is a statewide 501(c)(3) non-profit committed to reducing fatalities and injuries on Oregon's roadways.

VISIT www.actsoregon.org

Please provide names and e-mail address for those who want to receive ***Traffic Safety Connection***, the ACTS Oregon newsletter. Data is kept confidential and utilized for this purpose or other relevant communication from ACTS Oregon only.

a)_____

b)_____

c)_____

d)_____

Iôm interested in volunteering with ACTS Oregon. Please contact me regarding:

- ☐ Board Membership
- ☐ Child Safety Seat Resource Center Advisory Committee
- ☐ Community Traffic Safety Program Advisory Committee
- ☐ Community Traffic Safety Mini-Grant Review Panel
- ☐ Traffic Safety Mentor to Local Communities
- ☐ Setting up a local traffic safety committee

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

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.