



Coalition for Kids, Inc.

Coalition for Kids Membership Application
Applicant Information

Application Acceptance
Signed and Dated: _____

Full Name _____

Home Address _____
City State Zip

Home Phone _____ Spouse's Name _____

Company Name _____ Title _____

Business Address _____

Business Phone _____ Fax Number _____ City State Zip
E-mail Address _____

Send Mail to: ___home ___work
Receipt of \$ _____ Date _____
(donations are appreciated but not required)

Date of Birth _____

Primary Employment

Circle one from each category

- | | |
|--------------------------|----------------|
| Banking/Finance | Medical |
| Comm/Media | Non-profit |
| Construction | Real Estate |
| Education | Religion |
| Government | Retail |
| Legal | Transportation |
| Law Enforcement | Wholesale |
| Manufacturing | Human Services |
| Faith Based Organization | Other |

Job Classification

- Elected
- Management
- Partner/Owner
- Professional
- Sales
- Supervision
- Technical

Committee Preference

- Club Administration
- Community Service
- Parent Committee

I accept this application for membership and agree to conform to the bylaws of this organization and comply with the obligation of membership as explained by the Board of Directors.

Signed

Date

We envision a reservation-wide community that is spiritually, mentally, physically, and socially healthy; one that nurtures and provides safe places for children to live and grow, and a place where cultural diversity is respected.