



GTIPI Staff use only:

DB : _____

Date Filled ___ / ___ / 08

STAFF _____

Saved By The Safety Belt and/or Child Safety Seat Club Membership Application

Have you been in a crash in which you were buckled up? Yes _____ No _____
If yes, you qualify to be a member!

Have you been involved in a crash where a child safety seat was being used which probably saved a child from injury or possible death? Yes _____ No _____

How did you learn about the Saved By The Belt Club? _____

Please print clearly. We are unable to send your gift if forms are not completed correctly and entirely.

Name _____ Age _____ Telephone _____

STREET Address (NO P. O. Boxes) _____

City _____ County _____ State _____ Zip _____

Email address _____

Details of Your Crash _____

GTIPI will send you a certificate and a gift as a reward for properly wearing a seatbelt in a motor vehicle crash.

Signed _____ Date _____



Return To:

Georgia Traffic Injury Prevention Institute

1070 Culpepper Drive · Suite 300 · Conyers, Georgia 30094

Telephone (678) 413-4281 or (800) 342-9819 · Fax (678) 413-4293 · Email gtipi@uga.edu

www.ridesafegeorgia.org

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The Governor's Office of Highway Safety is a full partner in this program.