Membership/Subscription Form

Please help us save children's lives by joining SafetyBeltSafe U.S.A. today!

(Please print or type)

First Name ___________________________ Last Name ___________________________

Organization ________________________________________________________________

Address _________________________________________________________________

City ___________________________ State _________ Zip __________

Telephone (Home) ___________________________ (Work) ___________________________

Fax ___________________________ E-Mail* ___________________________

* E-mail address is required to receive passwords for access to Recall List and CPS Tech Update.

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<th>Organization or Business Subscriptions</th>
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<td>○ $500 Major Corporation</td>
<td>○ $100 Contributing</td>
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<td>○ $200 Hospital or Other Agency with CPS Techs</td>
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All subscriptions include SafetyBeltSafe News and are for the calendar year (plus the following year if paid Oct-Dec).

Additional services included with your subscription:

Contact stombrello@carseat.org to request CEUs (provide Tech or Instructor #) or for group rates.

$50 or more: Recall Update Service (includes access to current, downloadable, printable recall list)

$100 or more: CPS Tech Access (includes access to new, downloadable, printable instructions)

$135 Tech Special: All of above, Safe Ride News through calendar year, and DVD or online service with CR mfr. instructions

$200 or more: CPS Tech Access, Safe Ride News through calendar year, SafetyBeltSafe News with CEUs for up to 5 Techs, and 100 full-color brochures (a $20 value)

☐ Check here if you do not want us to send the e-mail updates for which you are eligible.

☐ Check here if you need hard copies. (For best quality, we recommend downloading reproducible masters from our Web site.)

Amount paid $____________

Payment method:

○ Check or money order enclosed.

○ Purchase Order # ___________________________

○ Credit Card # ___________________________ Card code (front or back) _________ Exp. Date _________

Name on Card ___________________________ Signature ___________________________

MAIL TO: SafetyBeltSafe U.S.A., Box 553, Altadena, CA 91003 or FAX TO: (310) 318-5111
or E-mail to: stombrello@carseat.org

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