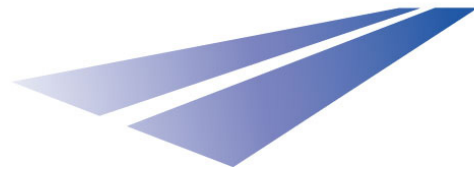


*Southeast Coalition
for Roadway Safety*



Coalition Member Application Form

The Southeast Coalition for Roadway Safety includes 50+ organizations that work together to develop a coordinated safe systems approach to highway safety. We welcome you to join the Coalition as a partner offering innovative solutions to lead us to zero fatalities on our roads. Use this form to provide information about yourself, to ensure the Executive Board has an understanding of your background. The information below will be shared with the current Executive Board.

Name: _____

Employer: _____

Your current position: _____

Work phone number: _____

Email address: _____

Briefly describe why you would like to join the Southeast Coalition for Roadway Safety:

What skills would you like to utilize on the Coalition?

What would you like to personally gain from of your participation on the Coalition?

Are you willing to assist with roadway safety presentations in the community? _____

If you join the Coalition, you agree that you can attend a minimum of 2 meetings per year. If you cannot attend a minimum of 2 meetings per year, another representative from your organization must attend in your place.

Signature: _____

Date: _____

**Thank you for your interest in the Southeast Coalition for Roadway Safety!
Applications will be reviewed by the Coalition Board within 3 weeks of submission.**

**Please return form to Ashley Metelski, Missouri Department of Transportation,
ashley.metelski@modot.mo.gov
573-380-9432**