



Delaware Coalition for Injury Prevention New Member Form

Yes _____ I am interested in serving on the Coalition.

Name _____

Title _____

Agency _____

Address _____

Phone: _____ Fax: _____

E-mail: _____

Please indicate your interest and prioritize your choice by placing 1, 2, or 3 on the line below.

Injury Prevention teams:

- ___ Prevention of Fall Injuries Across the Lifespan
- ___ Prevention of Individual and Family Violence Injuries Across the Lifespan
- ___ Prevention of Poisoning Injuries
- ___ Prevention of Drowning/Submersion Injuries
- ___ Prevention of Traumatic Brain Injuries and Spinal Cord Injuries Across the Lifespan
- ___ Prevention of Fire-Related Injuries
- ___ Prevention of Motor Vehicle-Related Injuries
- ___ Prevention of Dog Bite Injuries

The State of Delaware Strategic Plan for Injury Prevention 2005 – 2010 can be found at: <http://www.dhss.delaware.gov/dph/ems/files/strategicplanforinjuryprevention>

Please return form : Fax: (302) 223-1330; ATTN: C. LeComte
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Mail to: Office of Emergency Medical Services
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Smyrna, DE 19977
Attn: C. LeComte