

Become a member
of Washington's

Saved By The Belt Club!

APPLY NOW!

Since Washington's child passenger safety and seat belt laws became effective in the 1980's, many lives have been saved and numerous injuries avoided because people buckled up or used a car seat or booster seat for their child.

We invite you to join over 5,000 other Washington residents who have been identified as Saved By The Belt Club survivors. If a safety belt, air bag, child car seat or booster seat saved your life or reduced your injuries in a car crash, use this application to tell us what happened. Just fill in the blanks and mail it to the address below. There is no charge to join. You may copy and distribute this application to family members, friends or co-workers that you know who are also survivors.

Club members receive:

- A Buckle Up Heart Pin
- A free survivor's license plate frame (Black with white letters)
- I SURVIVED t-shirt

Shirt Sizes:
(Check One)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Child Small | <input type="checkbox"/> Child Large |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult Extra Large |



Name(s) & Age(s) (all persons residing in the same household and involved in the same collision may be included on one form)

Address

City _____ State _____ Zip Code _____ () _____
Area code Telephone number

e-mail

Date of Crash _____ City/State where occurred _____

YOUR VEHICLE: Year _____ Make and model _____

Total number of people in the vehicle _____

TYPES OF SAFETY SYSTEMS:

- | | | | |
|------------------|---------------------------------------|--|---|
| Seat belt Type: | <input type="checkbox"/> Lap/Shoulder | <input type="checkbox"/> Lap only belt | |
| Air Bag type(s): | <input type="checkbox"/> Driver | <input type="checkbox"/> Front Passenger | <input type="checkbox"/> Side Impact |
| Child restraint: | <input type="checkbox"/> Rear-Facing | <input type="checkbox"/> Forward-Facing | <input type="checkbox"/> Belt Positioning Booster |

Briefly describe your crash and the extent of any injuries:

Extent of damage to vehicle:

OTHER VEHICLES: Was another vehicle involved? Yes No

Briefly describe injuries and damage to other vehicle and occupants.

What influenced you to use a safety system?

Thank you for sharing your story.

May we use your story for publicity in connection with the Saved By The Belt Club? Yes No

Signed _____ Date _____

We are happy to answer questions about seat belts, child restraints, air bags or Washington's seat belt law.

Phone: 425-828-8975 800-BUCK-L-UP (800-282-5587)

Email: office@800BUCKLUP.org **Web:** www.800BUCKLUP.org

Completed applications should be mailed to:

Saved By The Belt Club

917 Kirkland Avenue, Kirkland, WA 98033

Saved By
The Belt Club!

is sponsored by
the Safety Restraint Coalition and
the Washington Traffic Safety Commission

