

For office use only
 Program Center: _____
 Leader Association: _____
 School Year: _____

Received _____

Adult Membership Application



4241 21st Ave W, Ste 200
 Seattle, WA 98199-1250
 206 461 8550
 206 525 3351 Fax
 800 451 CAMP
 info@campfire-usa.org

Mem ID# _____ Fam ID# _____

Membership Status: Renewing New

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ St _____ Zip _____

Birthdate: ____ / ____ / ____ Gender: Male Female

Volunteer Position(s): Group Coordinator Day Camp Child Care YVC
 Additional Coordinator Special Sitters Saturday Club
 Leader/Group Name _____ Other _____

Phone Numbers

Home Phone: (____) _____ Home E-mail: _____

Work: (____) _____

Mobile: (____) _____

Pager: (____) _____

Employer/Occupation _____ **Title** _____

Hobbies, interests, organizations: _____

Spouse or Other Adult

Name: _____ Work Phone: _____

Demographics (optional)

Ethnicity (please be specific): _____ Hispanic/Latino/Latina? Yes No

Number in Family: _____ Immigrant or Refugee from: _____ (country)

Household Income: Under \$15,000 \$25,001 - \$35,000 \$45,001 - \$55,000 \$75,001 - \$100,000 \$150,001 - \$200,000
 \$15,001 - \$25,000 \$35,001 - \$45,000 \$55,001 - \$75,000 \$100,001 - \$150,000 Over \$200,000

Status of Head of Household: Single Partnership Married Foster Parent Guardianship

Alumni Information

Number of years as a Camp Fire member (Tenure): _____

WoHeLo / Social Leadership Award Recipient Year: _____

I attended resident camp Year(s) _____ Camp Sealth Camp Niwana Other

I was a camp counselor Year(s) _____ List camps: _____

Emergency Contacts

Name: _____

Home Phone: _____

Other Phone: _____

Name: _____

Home Phone: _____

Other Phone: _____

Membership fee attached. \$ _____

Yes!! I am contributing \$ _____ to help a low income youth with Group Programs.

Volunteers with Groups pay a \$5 adult membership fee to belong to Camp Fire. Other volunteers may choose to pay \$20 membership if they wish.

Cash Check # _____

Entered: _____

I understand that any claims arising out of the use of my personal vehicle are my responsibility. I agree to fulfill the training requirements within the first year, model for youth and adults the Camp Fire USA philosophy of good citizenship, and participate in council activities. I authorize the Central Puget Sound Council of Camp Fire USA to confirm all statements in this application, and I authorize the parties listed herein to disclose to Camp Fire USA pertinent information regarding my prior employment/activity/involvement with them or their organizations. In the event that I am photographed, filmed, or recorded while participating in Camp Fire activities, Camp Fire USA or partnering organizations approved by Camp Fire may use the photo, film, or recording for publicity, promotional, or instructional purposes.

Signature: _____ **Date:** _____