



# ADULT REGISTRATION FORM

### Membership Dues:

Adult Member \$24.00  
 At Large Member \$30.00

Mr.  Mrs.  Ms.  Miss    Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ - -  
 Membership Status:  New  Renewing

Position:  Leader  Assistant Leader  Board Member  Committee Member  Other

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_ - -

Spouse Name \_\_\_\_\_ Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_ - -

Furnishing the following information is optional; it is desired only for statistical purposes. Responses will not affect the applicant's qualification to become a member.

Ethnic/Racial:  Black  Hispanic  Caucasian  Native American  Asian  Other \_\_\_\_\_

Disabilities:  
 Physical (specify) \_\_\_\_\_  
 Developmental (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Total # in Family:  
 2 to 3  
 4 to 5  
 6 to 8  
 Over 8

Household Income:  
 Under \$15,000  
 \$15,001 to \$25,000  
 \$25,001 to \$35,000  
 \$35,001 to \$45,000  
 \$45,001 to \$55,000  
 Over \$55,000

Religious Preference: \_\_\_\_\_

Please tell us if you can:

- Be a leader
- Help with Product Sales
- Drive for outings
- Help at meetings
- Keep records
- Telephone for activities
- Arrange trip or events
- Other \_\_\_\_\_

Hobbies, interests, areas of special expertise:

Service clubs and volunteer community activities:

Prior Camp Fire USA activities:

Emergency Contact  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - - Relationship: \_\_\_\_\_

Alternate Emergency Contact  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - - Relationship: \_\_\_\_\_

### AMOUNT ATTACHED

Membership Dues: \$ 24.00  
 Program Fees: \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_

I will assist in observing the rules of the council, and I waive any claims against Camp Fire USA and the council except for claims from gross negligence or willful acts of the council or its agents that may arise from participation in the activities of the Camp Fire USA council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my emergency contact will be notified as soon as possible in case of any emergency. In the event he or she cannot be reached in an emergency, I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.

Received by:

You have my permission to use my photograph for Camp Fire USA publicity:  Yes  No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_