

# ALUMNI MEMBERSHIP FORM

VALID FROM \_\_\_\_\_ TO \_\_\_\_\_



*“Camp Fire USA builds caring, confident youth and future leaders.”*

**PRINT CLEARLY – USE BLACK INK ONLY**

First Name	Last Name
Mailing Address	Home Phone
City <span style="float: right;">Zip</span>	Work Phone <span style="float: right;">Ext.</span>
Date of Birth	Cell Phone
Would you like to receive our monthly newsletter by email? Yes _____ No _____	E-mail Address
Where were you involved with Camp Fire USA?	
City _____ State _____ Council _____	
When were you involved? 19____ to _____	
What was your involvement with Camp Fire USA?	
_____ Youth Member	_____ Parent
_____ Board Member	_____ Volunteer
_____ Staff Member	_____ Camper
_____ Friend of Camp Fire	_____ Other _____
Would you like to serve on the alumni committee? Yes _____ No _____	

I give permission to use photographs and/or videos in which I appear for Camp Fire USA or council publicity.  
I subscribe to the purpose and core value of Camp Fire USA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STAFF USE: Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_ INPUT DATE \_\_\_\_\_