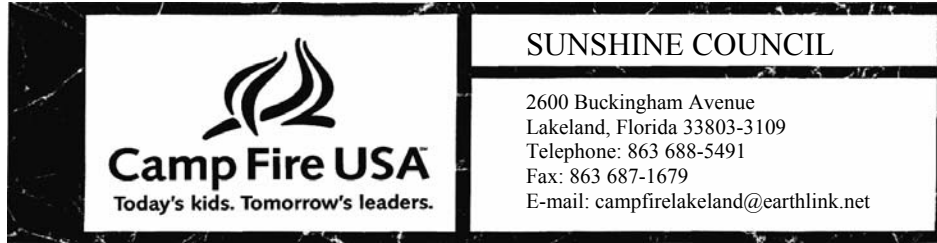


FAMILY MEMBERSHIP FORM

VALID FROM _____ TO _____



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

PRINT CLEARLY – USE BLACK INK ONLY

Primary Adult First Name	Last Name
Mailing Address	Home Phone
City Zip	Work Phone Ext.
Date of Birth	Cell Phone
Would you like to receive our monthly newsletter by email? Yes _____ No _____	E-mail Address

FAMILY MEMBERS: Please list the members of your family who are members of Camp Fire.		
Name	Relationship	Check box if health form on file with Camp Fire.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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 _____