

Camp Staff Alumni Association



Membership Application



Yes, I am at least 21 years of age and would like to become a member of the Camp Staff Alumni Association and have included a minimum of \$25.00 for my one-year membership or \$500 for my Lifetime Membership.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NO (____) _____ EMAIL ADDRESS _____

Home or Business E-Mail (circle one)

Mark the chapter you wish to be a member of (mark ONE only):

Lone Star _____ Naish _____ Piercing Arrow _____ Rotary _____ Sawmill _____

ANNUAL MEMBERSHIP DUES YEAR _____ Association membership fiscal year is August 1 through July 31

Divide fee as follows: ASSOCIATION OPERATING FUND (minimum \$5.00).....\$ _____ (1-2362-580-00)

CAMP STAFF SCHOLARSHIP FUND.....\$ _____ (See below)

Total \$ _____ (min. \$25.00)

LIFETIME MEMBERSHIP

Divide fee as follows: ASSOCIATION OPERATING FUND (minimum \$50.00)..... \$ _____ (1-2362-580-00)

CAMP STAFF SCHOLARSHIP FUND..... \$ _____ (See below)

Total \$ _____ (min. \$500.00)

Please divide my Scholarship Fund fee as follows (in dollars):

Lone Star (1-2362-583-00) _____ Naish (1-2362-584-00) _____ Piercing Arrow (1-2362-585-00) _____
Rotary (1-2362-586-00) _____ Sawmill (1-2362-587-00) _____

At the discretion of the Association's Board, Scholarship funds will be granted to the Heart of America Council to be awarded to deserving Camp Staff members in the current year.

PLEASE LIST THE YEAR(S) AND AREA(S) YOU WORKED ON STAFF

Year	Camp	Area	Year	Camp	Area

(List additional years of service on the reverse side)

HONOR CAMPING INFORMATION

Order Of The Arrow: Ordeal Date _____ Brotherhood Date _____

Vigil Date _____ Vigil Name _____

Mic-O-Say: Current Rank and Name _____

Are you currently involved in Scouting? _____ Position _____

Current Employer and Occupation _____

PERSON RECEIVING PAYMENT SHOULD COMPLETE

THIS SECTION OR ATTACH A COPY OF THE RECEIPT.

Paid \$ _____ by Check # _____ Cash _____ on _____ (date)

CC Type & Expiration Date _____

CC Number _____

cc Authorized Signature _____

(Visa or Master Card ONLY)

THIS FORM AND PAYMENT CAN ALSO BE MAILED TO:

**CAMP STAFF ALUMNI ASSOCIATION
HEART OF AMERICA COUNCIL, BSA
PO BOX 414177
KANSAS CITY, MO 64141-4177**

Received by _____ (name)