



ADULT REGISTRATION FORM

Mr. Mrs. Ms. Miss Male Female

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Membership Status:
 New Renewing

Position: Leader Assistant Leader Board Member Committee Member Other _____

Occupation _____ 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: African-American Hispanic Caucasian Native American Asian Other _____

Disabilities:

- Physical (specify) _____
- Developmental (specify) _____
- Other (specify) _____

Religious Preference: _____

Total # in Family:

- 2-3
- 4-5
- 6-8
- Over 8

Household Income:

- under \$15,000
- \$15,001-\$25,000
- \$25,001-\$35,000
- \$35,001-\$45,000
- \$45,001-\$55,000
- Over \$55,000

- Please tell us if you can:
- Be a leader
 - Help with product sale
 - Drive for outings
 - Help at meetings
 - Keep records
 - Telephone for activities
 - Arrange trips or events
 - Other _____

Hobbies, interests, areas of special expertise: _____

Service clubs and volunteer community activities: _____

Prior Camp Fire USA activities: _____

Are you a former Camp Fire USA member? Yes No

Emergency Contact

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Alternate Emergency Contact

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

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 arising 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.

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

Signature _____ Date _____

AMOUNT ATTACHED

Membership Dues \$ _____

Program Fees _____

Other _____

TOTAL \$ _____

Received by: _____

(Signature of leader/program director)