

Camp Fire USA Wathana Council
16250 Northland Dr., Suite 301
Southfield, MI 48075
Telephone: 248-559-5840



ADULT REGISTRATION FORM

Membership Dues:
Youth Member \$12.00
Adult Member \$24.00
At Large Member \$30.00

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name _____	First Name _____	Middle Initial _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address _____	City _____	State _____	Zip Code _____	Phone Number _____ - _____	Membership Status: <input type="checkbox"/> New <input type="checkbox"/> Renewing
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Position: Leader Assistant Leader Board Member Committee Member Other

Occupation _____	Firm Name _____	Business Address _____	Business Phone _____ - _____
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Spouse Name _____	Occupation _____	Firm Name _____	Business Address _____	Business Phone _____ - _____
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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: _____
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AMOUNT ATTACHED

Membership Dues: \$ 24.00

Program Fees: _____

Other _____

TOTAL: \$ _____

Received by:

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.

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

Signature _____ Date: _____