



ADULT REGISTRATION FORM

Last Name	First Name	Middle Initial	E-Mail Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State	Zip Code	Home Phone Number	Membership Status: <input type="checkbox"/> New <input type="checkbox"/> Renewing
Position: <input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Board Member <input type="checkbox"/> Committee Member <input type="checkbox"/> Other _____						
Occupation		Firm Name	Business Phone		Cell-phone Number	
Spouse Name	Occupation	Firm Name	Business Phone		E-mail Address	

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/African-American Hispanic/Latino White/Caucasian Native American Asian Other _____
 Native Hawaiian or Pacific Islander Multi Racial

Disabilities: Physical (specify) _____
 Developmental (specify) _____
 Other (specify) _____

Total # in Family: 2-3 4-5 6-8 Over 8

Household Income: under \$15,000 \$15,001-\$25,000 \$25,001-\$40,000 \$40,001-\$55,000 Over \$50,000

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

Hobbies, interests, areas of special expertise: _____

Service clubs and volunteer community activities: _____

Prior Camp Fire activities: _____

Are you a former Camp Fire member? Yes No

Emergency Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Relationship: _____	Alternate Emergency Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Relationship: _____
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I will assist in observing the rules of the council, and I waive any claims against Camp Fire 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 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 publicity: Yes No

Signature _____ Date _____

AMOUNT ATTACHED

Membership Dues \$ _____

Program Fees _____

Other _____

TOTAL \$ _____

Received by: _____