



Camp Fire USA



Oneida Council Inc.

Become a member today!



WHY?



- ◆ To be involved in Camp Fire activities as well as what goes on at Camp Birchrock!
- ◆ Camp Birchrock will be hosting exclusive Member's Only getaway weekends at Camp!
- ◆ Members receive a discount on Day Camp fees!
Members Pricing: \$120 per week/ \$30 per day
VS.
Non-Members Pricing: \$140 per week/ \$35 per day

HOW?

- ◆ It's easy! Simply fill out the registration on the back and pay an annual fee of just \$25!
- ◆ Membership includes a free Camp Birchrock T-Shirt! (Upgrade to a sweatshirt for just \$10 more!)



Find us on
Facebook



Camp Fire USA Oneida Council, Inc



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Rhineland, WI 54501
Office Telephone: (715) 362-3513
campdirector@campbirchrock.org

2019 ADULT MEMBER REGISTRATION

Name: _____ Date: _____
Address: _____ Primary Phone: _____
City: _____ State: ____ Zip: _____ Cell Phone: _____
Email address: _____ Name of Child attending Camp _____

Membership Status

New or Renewing? (circle one)
Council Member or Board Member? (circle one)

Tell us a little bit about yourself:

Hobbies/Interests/Areas of Expertise:

Service Club Memberships and Community Activities: _____

Prior Camp Fire Activities: _____

Furnishing the following information is optional; it will not affect an applicant's qualification for membership, it is desired for statistical purposes only.

Sex: Male Female Birthday: _____ Disability/Handicaps: _____
Ethnicity/Race: African American Hispanic Caucasian Native American Asian Other

I, _____, have read and responded to this registration to the best of my ability and wish to initiate/continue my relationship with Camp Fire USA Oneida Council, Inc. I understand I may be required to fill out an authorization for criminal record check and will pay my annual dues (Council member: \$25, Board member: \$50) as directed by the Board of Directors of Camp Fire USA Oneida Council, Inc.

Signed: _____ Date: _____

Do you want a Tshirt? _____ If yes, what size? _____

For office use only:

Approved: Yes No Decision Date: _____ Dues Amount: _____ Date Paid: _____