



# Adult Registration Form

First Name	Middle Initial	Last Name	Phone Number ( )	Email Address	
Address			City	State	ZIP
Sex (Male/Female):	Membership Status (New or Renewing):		Position (Leader, Assistant Leader, Board Member, Committee Member or Other):		
Occupation			Employer		
Business Address				Business Phone ( )	
Spouse Name	Occupation (Spouse)		Employer (Spouse)		
Business Address (Spouse)				Business Phone (Spouse) ( )	

For Office Use Only:

*Furnishing this information is optional; it is desired only for statistical purposes and neither a failure to answer nor the nature of the answer will affect the applicants qualification to be a member.*

<b>Ethnic/Racial:</b>	<b>Total # in family:</b>	<b>Household Income:</b>	<b>Disabilities:</b>
<input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-3 <input type="checkbox"/> 6-8 <input type="checkbox"/> 4-6 <input type="checkbox"/> Over 8	<input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$35,001-\$45,000 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$45,001-\$55,000 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> Over \$55,000	<input type="checkbox"/> Physical (please specify): _____ <input type="checkbox"/> Developmental (please specify): _____ <input type="checkbox"/> Other (please specify): _____

Hobbies, Interests, Areas of Special Expertise: \_\_\_\_\_

Names and ages of children in family: \_\_\_\_\_

Service Club Membership & Community Activities: \_\_\_\_\_

Prior Camp Fire Activities: \_\_\_\_\_

I consent to the taking and use of any slides, photographs or videotaping during Camp Fire USA programs and events, whether for advertising, promotion or publicity purposes by Camp Fire USA and waive all claims for any compensation for such use or for damage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Amounts Attached	
Membership Dues	\$ _____
Program Fees	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>