

CAMP ATWATER ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION

Name
Last_____First_____Middle_____

Maiden Name_____Nickname_____

(The above line is for former campers and employees only, and is optional.)

Address_____Unit/Apt#_____

City_____State_____Zip_____

E-mail_____Home Telephone #_____

Cellular/Mobile #_____Business #_____

Other Contact (Optional: In the event you move and we can't reach you)

Name_____Telephone #_____

Address_____City_____State____ Zip_____

Type of Membership (Check one):

Alumni Former employee Parent Supporter

Dues (check one):

\$20.00 Annual Membership \$85.00 5 Year Membership

\$35.00 2 Year Membership \$200.00 Lifetime

(Make your check payable to: Camp Atwater Alumni Association)

Mail this completed application and check to:

Camp Atwater Alumni Association
c/o 962 Mildred Drive
Baldwin, New York 11510