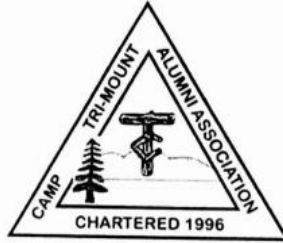


CAMP TRI-MOUNT ALUMNI ASSOCIATION APPLICATION

Form used for Membership or Contributions/Donations



Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

E-mail address: _____

Please do not place my: Email address ____ Regular address ____ in the alumni Directory.
Home Phone Number: _____ Cell Phone Number: _____

Membership Options:

Individual Membership: \$25 ____

Business Membership: \$100 ____

Unit Membership: \$100 ____

Lifetime Member: \$1000 ____ payments of \$ ____ over ____ years

Lifetime Membership Form must include the James E. West Application.

Camper ____ years; Staff ____ years, Position Held

Memorable Moments: _____

Additional Contribution \$ _____.

Camp Endowment \$ _____.

Capital Improvement \$ _____.

Specific Alumni Project (specify) _____

In Memory of (if applicable) _____

Make checks payable to: Rip Van Winkle Council, BSA

Please return to:

CTAA Treasure C/O

Rip Van Winkle Council, BSA

1300 Ulster Ave, Ste 107

Kingston, New York 12401