



MISSOURI TRAILS COUNCIL

ADULT REGISTRATION FORM

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	First Name	Middle Initial	Last Name	Phone Number ()
Street Address				City		State	Zip Code
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Phone Number		Membership Status: <input type="checkbox"/> New member <input type="checkbox"/> Renewing member			
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 Address		Business Phone	
Spouse Name		Occupation		Firm Name		Business Address	
						Business Phone	

Hobbies, interests, areas of special expertise: _____

Service clubs and volunteer community activities: _____

Prior Camp Fire USA activities: _____

Are you a former Camp Fire member? Yes No

Furnishing this information is optional; it is desired only for statistical purposes. Responses will not affect the applicant's qualification to become a member.

Ethnic/Racial: African-American Hispanic Caucasian Native American Asian Other _____

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

Total # in family:	Household Income:
<input type="checkbox"/> 2-3	<input type="checkbox"/> under \$15,000
<input type="checkbox"/> 4-5	<input type="checkbox"/> \$15,001-\$25,000
<input type="checkbox"/> 6-8	<input type="checkbox"/> \$25,001-\$35,000
<input type="checkbox"/> more than 8	<input type="checkbox"/> \$35,001-\$45,000
	<input type="checkbox"/> \$45,001-\$55,000
	<input type="checkbox"/> more than \$55,000

Religious Preference: _____

Please tell us if you can:

Be a leader

Help with product sale

Drive for outings

Help at meetings

Keep records

Telephone for activities

Arrange trips or events

Other _____

AMOUNTS ATTACHED Make checks payable to the council.

Membership dues _____

Registration/Program Fees _____

Other _____

I will assist in observing the rules of the council, and I waive any claims against Camp Fire USA 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 USA 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 USA publicity: YES NO

Date _____ Signature _____

white: Leader yellow: Office pink: Member