



MEMBERSHIP REGISTRATION

An association for those who have guided & watched over generations of scouts while preserving and tending to the history, traditions, and foundations of Camp Barton

- Unite, reunite, commemorate, and preserve the Camp Barton Staff & Leadership family.
- Provide unwavering support through charitable coordination, promotion, and service to Camp Barton and its Staff.
- Grow and expand the diversity of trained adult involvement serving the youth of scouting at Camp Barton
- Preserve the history, heritage, traditions, and values of Camp Barton.
- Aide the conservation, sustainment, and growth of Camp Barton's facilities, its programs, and its landscape.

THE CAMP BARTON STAFF ALUMNI ASSOCIATION, INC. MEMBERSHIP REGISTRATION

Name: _____ Date of Birth: _____

Please Select Accordingly:

Postal Mailing Address: _____

I am willing to serve on a standing committee/ task group.	<input type="checkbox"/> Y	<input type="checkbox"/> N
I am willing to serve in a leadership role for a standing committee/ task group.	<input type="checkbox"/> Y	<input type="checkbox"/> N

City: _____ State: _____ Zip Code: _____

Cell/Primary Phone: (____) _____ - _____ Email: _____

MEMBERSHIP CATEGORIES & REGISTRANT AFFILIATION DETAILS

Select The Category That Best Identifies Your Alumni Affiliation:

CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D								
Paid Resident Camp Staff Member Boy Scout, Scouts BSA, Scouting America or Cub Scouting	Unit Leader Having Attended 1 or More Weeks of Summer Resident Camp or Volunteer Staff for a Camp Barton Summer Program.	Associate; Individual who has provided support & resources for scouting outdoor education & camping programs at Camp Barton.	Posthumously Recognized / Representative; Individual who qualified for Category A, B, or C but is now deceased. Representative or Family Member of Individual								
If Category A, Please Complete: First Year on Staff: _____ Total # Years on Staff: _____ Date Range(s) by Year: _____ CIT? <input type="checkbox"/> Y <input type="checkbox"/> N :If Y, Year _____ Staff Positions: _____	If Category B, Please Complete: Unit Leaders: # Summers Attended: _____ Troop #s, City(ies), Council(s): _____ Volunteer Staff: First Year on Staff: _____ Staff Positions: _____	If Category C, Please Complete Associate Details: Select the Option(s) That Best Applies: <table border="1"> <tr><td><input type="checkbox"/></td><td>Community / General Supporter</td></tr> <tr><td><input type="checkbox"/></td><td>Scouting America Professional</td></tr> <tr><td><input type="checkbox"/></td><td>Local Council Employee or Volunteer</td></tr> <tr><td><input type="checkbox"/></td><td>Business Associate</td></tr> </table>	<input type="checkbox"/>	Community / General Supporter	<input type="checkbox"/>	Scouting America Professional	<input type="checkbox"/>	Local Council Employee or Volunteer	<input type="checkbox"/>	Business Associate	If Category D, Please Complete *The registrant completes the above information in their name. Posthumously Recognized Individual: Name: _____ Year of Death: _____ First Year on Staff: _____ Please attach any additional information you can provide regarding the affiliation to Camp Barton (Years, Roles, Etc...)
<input type="checkbox"/>	Community / General Supporter										
<input type="checkbox"/>	Scouting America Professional										
<input type="checkbox"/>	Local Council Employee or Volunteer										
<input type="checkbox"/>	Business Associate										

We'd love to learn more about you & your life outside of Camp Barton! Work, Education/Degree's, Family, Skills, Interests etc. Please share!

SELECT REGISTRATION:

NEW MEMBERSHIP

MEMBERSHIP RENEWAL FORM (Every 5 Years)

ANNUAL DUES: **\$0.00** **The CBSAA has established a suggested dues contribution of \$50.00 per Member

Donation: \$10.00 \$20.00 \$50.00 \$100.00

Payable to: "Camp Barton Staff Alumni Association" or "CBSAA"

\$500.00 \$1,000.00 Other \$ _____

Return your registration & payment by mail to: → **Camp Barton Staff Alumni Association, Inc.**

OR...

Registration forms completed through ADOBE SIGN will automatically be returned to the CBSAA

Attn: Executive Board Secretary
4090 Stonegate Drive
Rockton, Illinois 61072

Registration forms may also be sent to:
membership@bartonstaffalumni.org

I would like to receive the CBSAA Newsletter by:
USPS EMAIL

To donate by electronic payment:
Download & Save the registration form to your device then Click Here: →

Administrative Use Only

Assigned Membership #: _____

Membership Processed & Confirmation Sent:
 Yes No

Receipt Generated & Sent:
 Yes Date: _____

Please sign & date to verify the information above is accurate & your membership registration is valid.

Registrant Signature

Date (DD/MM/YYYY)