



# 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.
- Aid 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: _____	<b>Please Select Accordingly:</b>	
Postal Mailing Address: _____	City: _____ State: _____ Zip Code: _____		
Cell/Primary Phone: (_____) _____ - _____	Email: _____	I am willing to serve on a standing committee/ task group.	Y N
		I am willing serve in a leadership role for a standing committee/ task group.	Y N

### MEMBERSHIP CATEGORIES & REGISTRANT AFFILIATION DETAILS

Select The Category That Best Identifies Your Alumni Affiliation:

CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D				
<b>Paid Resident Camp Staff Member</b> Boy Scout, Scouts BSA, Scouting America or Cub Scouting	<b>Unit Leader</b> Having Attended 1 or More Weeks of Summer Resident Camp or <b>Volunteer Staff</b> for a Camp Barton Summer Program.	<b>Associate</b> ; Individual who has provided support & resources for scouting outdoor education & camping programs at Camp Barton.	<b>Posthumously Recognized / Representative</b> ; Individual who qualified for Category A, B, or C but is now deceased. Representative or Family Member of Individual				
<b>If Category A, Please Complete:</b> 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: _____	<b>If Category B, Please Complete:</b> <b>Unit Leaders:</b> # Summers Attended: _____ Troop #s, City(ies), Council(s):  <b>Volunteer Staff:</b> First Year on Staff: _____ Staff Positions: _____	<b>If Category C, Please Complete</b> <b>Associate Details:</b> Select the Option(s) That Best Applies: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Community / General Supporter</td> <td style="width: 50%;">Scouting America Professional</td> </tr> <tr> <td>Local Council Employee or Volunteer</td> <td>Business Associate</td> </tr> </table>	Community / General Supporter	Scouting America Professional	Local Council Employee or Volunteer	Business Associate	<b>If Category D, Please Complete</b> *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...)
Community / General Supporter	Scouting America Professional						
Local Council Employee or Volunteer	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:** →

OR....

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

Registration forms may also be sent to:  
[membership@bartonstaffalumni.org](mailto:membership@bartonstaffalumni.org)

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



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

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

#### Administrative Use Only

Assigned Membership #:  
# \_\_\_\_\_

Membership Processed &

Confirmation Sent:

Yes  No

Receipt Generated & Sent:

Yes Date: \_\_\_\_\_

\_\_\_\_\_  
**Registrant Signature**

\_\_\_\_\_  
**Date (DD/MM/YYYY)**

RMJ-1.7.2026