



# 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: \_\_\_\_\_

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><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	<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...)
<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

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)