



CAMP SIDNEY DEW ALUMNI ASSOCIATION
P. O. BOX 2463
ROME, GEORGIA 30164-2463



The mission of the Association is to protect and preserve the facilities of Camp Sidney Dew, to promote the use of the camp and its environs, and to foster fellowship and camaraderie among its members as the Association seeks to perpetuate the traditions of the camp.

APPLICATION FOR MEMBERSHIP

DATE

FIRST NAME	MI	LAST NAME	SPOUSE	E-MAIL ADDRESS
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MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE
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DATE OF BIRTH	PLACE OF BIRTH	NAME OF HIGH SCHOOL	LOCATION	YEAR GRADUATED
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EMPLOYER	OCCUPATION	WORK PHONE
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BOY SCOUT EXPERIENCE

TYPE	LOCATION OF UNIT	UNIT NO.	RANK	SCOUTMASTER'S NAME
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BOY SCOUT
EXPLORER

ARE YOU A MEMBER OF THE ORDER OF THE ARROW? _____
 WHAT LEVEL IN THE ORDER OF THE ARROW DID YOU ACHIEVE? _____ ORDEAL BROTHERHOOD VIGIL

ARE YOU PRESENTLY ACTIVE IN SCOUTING? _____ IF SO, WHERE? _____ AND
 IN WHAT CAPACITY? _____ ; IN # TROOP, POST, OR OTHER: _____

IF YOU HAVE SERVED IN THE PAST AS AN ADULT SCOUT LEADER, GIVE POSITION, UNIT #, & LOCATION:

HAVE YOU EVER SERVED ON THE CAMP STAFF AT CAMP SIDNEY DEW? _____ IF SO, PLEASE GIVE THE YEAR
 AND THE POSITION YOU HELD FOR EACH YEAR.

ANNUAL DUES	
COLLEGE STUDENT	\$10
REGULAR MEMBER	\$35
SUSTAINING MEMBER	\$60 or more

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE

MEMBERSHIP NUMBER

VICE-PRESIDENT OF MEMBERSHIP

DATE