

2021 Membership Application Form

Memberships are valid for the calendar year of which the membership is requested. All memberships will be up for renewal, January 1 of the following year.

First Name:	Last Name:		
Organization/Business Name (Par	tner Members):		
Names of Additional Family Mem	bers or Organizational R	epresentatives:	
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Mailing Address:			
City:	State: _	Zip:	
Telephone #:			
Email Address:			
Membership Level (select one):			
Supporters (\$25) Partners (\$250)	Companions (\$100) Patrons (\$500 +), Donation Amount:		
Affiliation(s) with Camp Whitman	(select all that apply):		
Current Camp Parent Alumnus (Staff and/or Camper) Volunteer	Former Camp Parent Church Member (which church:) Community Member		
Volunteers Interests (select all tha	at apply):		
Gardening	Painting	Cooking for	events
Serving on a committee	Office support	Leading activities	
Lifeguarding	Landscaping	Fundraiser/event planning	
Building maintenance/construction	n Serving	; as a chaplain/worship lead	er