

**Cape Cod & Islands Council
Boy Scouts of America
Camp Greenough Alumni Association
Membership Application**

Return completed application and payment to:
Alumni Association
Cape Cod & Islands Council, BSA
247 Willow Street
Yarmouthport, Ma 02675

Name: _____
Mailing Address: _____
Town: _____
Zip Code: _____
Day Phone: _____
Evening Phone: _____
Email: _____

Membership Type: _____ **Member** - Any person 18 years of age or older who is a former camper, staff member, or volunteer at Camp Greenough.

_____ **Associate Member** - Any person 18 years of age or older who, though not having past experience at the camp, wishes to be involved with its preservation and development.

Annual Dues: \$25.00

Additional contribution dedicated toward camp improvement: \$ _____

Total: \$ _____

Payment Method:

____ **Check enclosed** - make checks payable to Cape Cod & Islands Council, BSA
____ **Credit Card** ____ **Visa** ____ **MasterCard**

Cardholders Name: _____

Account Number: _____ **Expiration Month:** _____
Expiration Year: _____

Questions or Comments:

