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:

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