

# COLUMBIA-MONTOUR COUNCIL, BSA CAMP LAVIGNE ALUMNI ASSOCIATION

## PERSONAL CONTACT INFORMATION

(Please type or print clearly)

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address / P. O. Box: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Primary Phone Number w/ Area Code: \_\_\_\_\_

Email address: \_\_\_\_\_

## PREVIOUS SCOUTING EXPERIENCE

Were you a Scout?  Yes /  No  Youth /  Adult /  Both Youth and Adult

Council Name: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_

Unit Type: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Youth Rank: \_\_\_\_\_ Position: \_\_\_\_\_

Order of the Arrow Member?  Yes /  No  Ordeal /  Brotherhood /  Vigil Honor

Lodge Name: \_\_\_\_\_

## PREVIOUS SCOUT CAMP EXPERIENCE

Did you attend Camp Lavigne as a youth (under 18 years of age)?  Yes /  No

If so, were a:  Camper /  Staff Member /  Both

Year(s) Attended: \_\_\_\_\_

Did you attend Camp Lavigne as an adult (over 18 years of age)?  Yes /  No

If so, were you a:  Unit Leader /  Staff Member /  Professional Scouter /  Other

Year(s) Attended: \_\_\_\_\_

Did you attend another Scout summer camp?  Yes /  No As a:  Youth /  Adult

Camp Name(s) / Location(s): \_\_\_\_\_

Please see reverse side of sheet

# ANNUAL ALUMNI MEMBERSHIP DUES / DONATION OPTIONS

Camp Lavigne Alumni Association Membership Fiscal Year is July 1—June 30

Camp Lavigne Alumni Membership Dues..... \$ 100 / Year  
 Additional Cash Donation to the Camp Lavigne Alumni Association .....  
 Additional Cash Donation to the Camp Lavigne Campership Fund .....

*Upon joining, members will receive a "members only" neckerchief and CSP.*

*100% of your membership fee goes to the Camp Lavigne Campership Fund.*



## PAYMENT INFORMATION

Payment by cash—enclosed  
 Payment by check—payable to Columbia-Montour Council, BSA  
 Payment by credit card (please check one):  
      Visa /  Mastercard /  Amex /  Discover  
 Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_



Mail this form and payment information:

Columbia-Montour Council, BSA  
 5 Audubon Court  
 Bloomsburg, PA 17815



<b><u>FOR OFFICE USE ONLY</u></b>	
Date Received:	_____
Payment Received:	_____
Cash / Check / Credit Card	
Receipt #:	_____
Initials:	_____