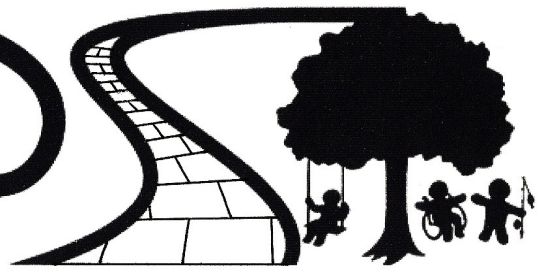


FRIENDS

of Camp John Marc



Date: _____

Member's Name _____

Phone Number _____ Email _____

Additional Member's Name (if joint membership) _____

2nd Member's Phone Number _____ Email _____

Address _____

City _____ State _____ Zip _____

Yes, I am interested in joining a committee (check all that apply):

Spring Family Picnic : Help plan spring picnic for camp families

Work Day: Help plan and organize Friends involvement with work day at CJM on May 7th

Fundraising: Help plan annual fundraising event

Membership Amount: \$50—Individual \$80—Joint (if submitted before 2/17 and for all renewing members)
 \$60—Individual \$100—Joint (if submitted on or after 2/17)

Method of Payment:

Enclosed is my check made payable to Camp John Marc.

Please charge my membership(s) to my: MasterCard VISA

Name as it appears on card _____ Exp. Date _____

Card Number _____ 3 Digit Security Code _____

Signature _____

Please return application and dues to:

**Camp John Marc
Attn: Annie Stewart
2824 Swiss Ave.
Dallas, TX 75204
Fax: 214-368-2003
astewart@campjohnmarc.org**