

FRIENDS OF CAMP SILVERADO

Unit request to join and annual renewal.



Date _____

Unit "Primary Contact" _____ Name (First, Last, and title)

Address _____ City _____ State _____ Zip _____

Telephone(s) Home _____ Cell _____

Email _____

My Unit plans to come into Camp next season January - October, what target time period would you choose? First in with dues get first choice on the calendar for the upcoming season. Your Membership allows your Unit 8 nights in Camp annually.

First Date in Camp _____ Depart _____ Second Date in Camp _____ Depart _____

Please attach a Unit Roster to this form. We would only like an honest list of the Unit's size. A Current roster please (with first and last names only under 18) attached to this request include names, email and contact phone number of adults. Do not provide any contact information of a child, FOCS does not require this.

My Unit size is: Select One

My Unit's annual fee is:

<input type="checkbox"/>	Small Unit Membership 15-65 on our current roster	\$450 Renewal annually on November 1st
<input type="checkbox"/>	Large Unit Membership. 66-149 on our current roster.	\$700 Renewal annually on November 1st
<input type="checkbox"/>	Very Large Unit Membership. 150 - 300 or greater on our current roster.	\$900 Renewal annually on November 1st

Please complete contact information including addresses will only be needed for 4 more contacts. Key alternative adult contacts for the Unit

Name	Email	Phone

<input type="checkbox"/>	Charge this Credit Card	<input type="checkbox"/>	Check Included
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Mail this form and check to:

FOCS
PO Box 1162
Pioneer, CA 95666

Name on Card _____

Card Number _____

Type of Card _____ Expiration Date _____

Card Security Code _____

Signature _____