

YOU DO NOT NEED TO PRINT THIS FORM. 1. Click on a field and type to fill it. 2. Complete the form. 3. Click the "SAVE FORM" button at the top. 4. Save the form and remember where you save it. 5. Open a new email. 6. Attach the saved form to the email. 7. Send the email to: dneedham@campshaw.org

Camp Shaw-Waw-Nas-See MEMBERSHIP APPLICATION

NAME

ADDRESS

CITY

STATE

ZIP

COUNTY OF RESIDENCE

PHONE

E-MAIL ADDRESS

THIS BOX IS FOR OFFICE USE
ONLY

Date of Receipt:

Date of Vote:

Membership is:

Accepted Denied

PREFERRED METHOD OF NOTIFICATION: E-MAIL PHONE

I respectfully request Active Membership at Camp Shaw-Waw-Nas-See.

Date

Please give a brief description of your reason for interest in membership:

**Request for membership
must be renewed every
three years.**

Please send completed
applications to:

dneedham@campshaw.org

Camp Shaw-Waw-Nas-See
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