



Camp Babcock-Hovey Alumni Association

Providing "Spirit, Service and Support"
Membership Application

Name _____
Address _____
City _____ State _____ Zip _____
E-Mail Address _____ Phone _____
How many and what years (if any) as a camper? _____ on staff? _____
Occupation _____ (you never know what talents we might be needing!)

____ Check here if we may list your name and years at camp on our future web site.

Eligibility requirements: Must be at least 21 years of age, interested in supporting the purposes of the Association, and in good standing with (but not necessarily a current member of) the BSA and the Seneca Waterways Council. Current Camp Staff may join at the age of 18.

Type of membership (choose one):

_____ \$20.00 – Alumni member (1 year membership June 1-May 31 of the following year)

_____ \$160.00 – Lifetime Membership

_____ \$????? – Additional Donation for any Camp Babcock-Hovey Project

Total Donation \$ _____

(For office use only #1-2306-765-00)

Please make checks payable to Seneca Waterways Council, and indicate "Babcock Hovey Alumni" in memo of check.

Membership includes three newsletters annually and notification of upcoming events. Membership expires each year on May 31st. New memberships after March 1 run through May 31st of the following year.

For Additional Information go to **www.bhalum.org** or to check your dues status contact:

Matthew Crance at matthewcrance@gmail.com or 315-246-8156

Hank Roenke at hroenke@verizon.net

Alexander Peck at alexanderpeck417@gmail.com or 315-744-3709

Your help is needed! Please list on the back of this application any addresses/emails/phone numbers (with names) that you know for other past staff members.

Please send this form and payment to- Seneca Waterways Council, 2320 Brighton-Henrietta Town Line Road, Rochester NY 14623
If payment is made by credit card please fill out below and mail to above address, or fax to 585-256-8533

Name: _____

Address: _____ City _____ Zip _____ (must have)

American Express/Visa/Master Card/Discover # _____
(Please circle one of the above cards)

Exp. Date _____ CVC # _____ Signature of card holder _____