**Membership Application for 2024**

**Camp Eberhart Alumni Association, Inc.**

Name:

Maiden Name:

Address:

City, State, Zip:

Phone Number(s):

E-mail Address:

Years you were at camp:

What generation camper are you:

Please check your choice:

[\_] Student Dues = $30.00 - Thank You!

[\_] Minimum Dues = $45.00 - Thank You!

[\_] Dues + Additional Contribution = $75.00 - Thank You!!

[\_] Generous Dues = $150.00 - Thank You!!!

[\_] **Other:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thank You!!!!

You may send this application along with your donation to:

**Camp Eberhart Alumni Association, Inc.**

**205 S. Martha Street Suite 201**

**Angola, IN 46703**

If you would like to use our website for membership, the link is <http://campebalumni.org/membership/>.

Please sign up to be part of our Facebook page, Camp Eberhart Alumni Association, at <https://www.facebook.com/groups/101471589813/> .

**Thank you for joining the Camp Eberhart Alumni Association in 2024!**