

Camp Delton Club, Inc.

Members on Membership Certificate

(Please Print)

Date _____

Site# _____

Primary Member (only 1 individual): _____ Check here if Change from Previous Primary

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Signature of NEW Primary Member

Date

Signature of PREVIOUS Primary Member (IF APPLICABLE)

Date

Signature of Previous Additional Member

Date

Signature of Previous Additional Member

Date

Additional Members (Up to 2 individuals):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Additional Member

Date

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Additional Member

Date