

Camp Tuscazoar Foundation Membership Form

Please accept my gift. I believe that Ohio's youth and heritage will be enriched by, and be the beneficiary of Camp Tuscazoar's purchase, preservation, and use. I will rush my check for \$_____ to support Camp Tuscazoar.

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____

Signature _____

Email (to receive newsletter) _____

Family \$25 Please list my membership as a FAMILY MEMBERSHIP. I understand that the individual named above will represent my family and will be entitled to one (1) vote at the annual meeting.

Individual \$20

Friend \$35

Supporting \$50

Patron \$75

Fellow \$125

Lifetime Member* \$500 or more

* Lifetime members need not renew membership annually and are entitled to one (1) vote at the annual meeting.

Applicants must be at least 18 years of age to become members, and agree to membership according to Camp Tuscazoar Foundation Bylaws and Policies. New membership applications are reviewed and considered at regular Board of Directors meetings.

Please make checks payable to:

Camp Tuscazoar Foundation, Inc.
P.O. Box 308
Zoarville, OH 44656-0308