

Friends of Camp Hollis Membership Application

Name: _____ (Maiden) _____

Address: _____

Email: _____

Telephone/Cell: (optional) _____

Were you ever a camper/counselor at Camp Hollis? _____

If so, what year(s)? _____

What was your favorite memory? _____

Level of donation: (mark with an "X")

___\$30.00 ___\$60.00 ___\$120.00 ___\$180.00 Other: _____

How did you hear about Friends of Camp Hollis? _____

Please make all checks payable to:

Friends of Camp Hollis, Inc.

PO Box 291

Oswego, NY 13126