



Independent Membership Application

Last Name: _____ First Name: _____

Spouse: _____ # of Children _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ eMail: _____

Name & Age of all children in your family:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Are you a member of a Club (excluding SCC)? Circle One: Yes or No

If so, Club Name: _____

Dues \$7 per year

Make check payable to: **Suffolk Committee for Camping**

Send application with check to: Suffolk Committee for Camping
199 Sterling St.
Port Jefferson Station, NY 11776

If annual dues are not received by February 1st, your name will be dropped from our mailing list.