

# Membership Assistance Application

## Inland Northwest Council



**Camp Fire USA**  
Today's kids. Tomorrow's leaders.

In order for Camp Fire USA Inland Northwest Council to provide this service it is imperative that each person who receives assistance participate in the annual Candy Sale at a "Fair Share—75 package" level.

**Important:** Use one form per child or adult. Only fully completed forms accepted. Please print.

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Work/cell(\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Confidential Financial Information

Basic membership Fee: \$ \_\_\_\_\_  
Less amt. family can pay: -\$ \_\_\_\_\_  
(must be at least half)  
Assistance needed: \$ \_\_\_\_\_  
\$23,000

Number of other minor children: \_\_\_\_\_  
Family Income:  
 less than \$11,000     \$18,000-\$23,000  
 \$11,000 - \$18,000     over

Mother employed by: \_\_\_\_\_  
Father employed by: \_\_\_\_\_  
Former Camp Fire assistance received?  Yes  No  
Year? \_\_\_\_\_ Membership? \_\_\_\_\_ Camp? \_\_\_\_\_

Reference: (club leader or other adult)  
Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Child lives with:  Both parents     Mother     Father     Guardian  
Describe ALL circumstances that affect your family situation: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Parent/Guardian Name: \_\_\_\_\_

### Renewing Members Only

Leader's Name \_\_\_\_\_ # years in Camp Fire \_\_\_\_\_ # pkgs candy sold

**Coeur d'Alene Office**  
411 North 15<sup>th</sup> Street  
Coeur d'Alene, Idaho 83814  
Telephone: 208 667 0611

**Spokane Office**  
524 North Mullan Road  
Spokane Valley, Washington 99206  
Telephone: 509 747 6191  
Telephone: 800 386 2324  
E-mail: [campfire@campfireinc.org](mailto:campfire@campfireinc.org)  
[www.campfireinc.org](http://www.campfireinc.org)

**Lewiston Office**  
106 9<sup>th</sup> Street  
PO Box 1343  
Lewiston, Idaho 83501  
Telephone: 208 743 6021

For office use only: Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt granted: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Date notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

