

 **Jo-Ota Methodist Association**

Thank you for your support. Please fill out the form below and mail to:

JMA
c/o Camp Jo-Ota
1272 Hwy MM
Clarence, MO 63437

Checks should be made payable to: **JMA or Jo-Ota Methodist Association**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Text? (Yes or No)

Email: _____

_____ I am a member of/attend (circle one) _____ (church)

_____ I am paying my membership dues of \$25.00 per person for the following family members:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

(use back of page if more space is needed)

_____ I am donating \$ _____ for membership dues and donation.

_____ I am willing to help with (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Camp Event Director |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Camp Counselor |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Recruiting campers |
| <input type="checkbox"/> Mowing | <input type="checkbox"/> Encouraging my church to donate |
| <input type="checkbox"/> Weed-eating | <input type="checkbox"/> Encouraging other churches to donate |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Encouraging individuals to donate |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Promotions | <input type="checkbox"/> Other: _____ |