



Jo-Ota Methodist Association

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

Camp Jo-Ota
1272 Hwy MM
Clarence, MO 63437

Checks should be made payable to: JMA

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 \$30.00 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):

- Cleaning
- Painting
- Repairs
- Mowing
- Weed-eating
- Cooking
- Computer work
- Promotions

- Camp Event Director
- Camp Counselor
- Recruiting campers
- Encouraging my church to donate
- Encouraging other churches to donate
- Encouraging individuals to donate
- Grant Writing
- Other: _____

