

Membership Application
Illinois Mennonite Camp Association

Year of application _____

Name 1 _____ Member Friend

Name 2 _____ Member Friend

Name 3 _____ Member Friend

Name 4 _____ Member Friend

Name 5 _____ Member Friend

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____ Church _____

Enclose \$20.00

Make checks payable to:
Menno Haven

Return this application with
payment to:
Menno Haven
9301 1575 East St
Tiskilwa, IL 61368