



OMA INFORMATION AND MEMBERSHIP FORM – 2024

Camps should use the separate Camp Information and Membership Form. Thank You!

CONTACT INFORMATION				
First and Last Name: _____		Role: _____		
Phone Number: _____		Email Address: _____		
Address: _____				
Street	City	State	Zip Code	
Camp Name: _____		District: _____		
<i>Additional Information from Congregational Members Only:</i>				
Church Name: _____		District: _____		
Church Address: _____				
Street	City	State	Zip Code	
Phone Number: _____		Email Address: _____		

Outdoor Ministry Association – 2024 Membership Levels and Benefits

	Camp (\$100-\$700)	Congregation (\$150)	Individual/Family (\$50)	Professional/Staff (\$100)	Lifetime (\$750)
At least one professional member & benefits	X				
\$25 Annual Retreat Discount (1 person)	X	X	X	X	1 st Year
Retreat Scholarships Available	X	X	X	X	
Staff and Volunteer Award Nominations	X				
Environmental Grants (up to \$1000; only \$500 w/o membership)	X	X			
Eligible for Four Horseman Fund Money	X	X		X	
Membership Certificate	X	X		X	X
OMA Decal	X	X	X	X	X

MEMBERSHIP INFORMATION

Select Membership Level:

- Individual/Family (\$50)
- Professional (\$100)
- Congregation (\$150)
- Lifetime (\$750)

Make checks payable to: Outdoor Ministries Association.

Send to: OMA-COB, P.O. Box 313, Petersburg, PA 16669.

DONATION INFORMATION

\$ _____ Additional Donation for

- Annual Budget
- Four Horsemen Fund
- Environmental Grant Fund

\$ _____ TOTAL ENCLOSED

(Membership + Any Additional Donation)

THANK YOU FOR YOUR SUPPORT OF CHURCH OF THE BROTHERN OUTDOOR MINISTRIES!

