

This form is read by machine. Please print the numbers and letters as shown on the sample application.

YOUTH MEMBERSHIP

Unit type: (Fill in the circle.) Cub Scout Pack Boy Scout Troop Varsity Scout Team Venturing Crew Sea Scout Ship Lone Cub Scout Lone Boy Scout Arrow of Light earned

For pack registration select one: Tiger Cub Scout Webelos Scout

Mark here if new to Scouting. Former Scout Former Venturer Former Sea Scout

Unit No.: _____

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Transfer application

Transfer from council number: _____ Unit type: Pack Troop Team Crew Ship

Unit No.: _____

Enter membership number from unexpired certificate: _____

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) _____ Middle name _____ Last name _____ Suffix _____

Country _____ Mailing address _____ City _____ State _____ Zip code _____

Home phone _____ - _____ - _____ / _____ / _____

Date of birth (mm/dd/yyyy) _____

Grade _____

Ethnic background: Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other

School _____

Gender: Male Female

Boys' Life subscription

Parent/guardian information

Mark here if address is same as above.

Mark here if you are the Tiger adult partner.

Mark here if the Tiger adult partner is not living at the same address; complete and attach an adult application.

Select relationship: Parent Guardian Grandparent Other (specify) _____

First name (No initials or nicknames) _____ Middle name _____ Last name _____ Suffix _____

Country _____ Mailing address _____ City _____ State _____ Zip code _____

Home phone _____ - _____ - _____ / _____ / _____

Date of birth (mm/dd/yyyy) _____

Occupation _____ Employer _____

Gender: M F

Business phone _____ - _____ - _____ Ext. _____

Previous Scouting experience _____

Cell phone _____ - _____ - _____

Parent/guardian email address _____ @ _____ . _____

I have read the attached information for parents and approve the application. I affirm that I have or will review "How to Protect Your Children From Child Abuse: A Parent's Guide."

Signature of unit leader (or designee) _____ Date _____ Signature of parent/guardian _____

2002 Registration fee \$ _____ Boys' Life fee \$ _____

LOCAL COUNCIL COPY

524-406

Retain on file for three years.