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

Unit No.: 055

For pack registration select one: ○ Tiger Cub ○ Cub Scout ○ Webelos Scout

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

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying $1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

○ 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

US

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. ○ I agree to be an active ScoutParent. ○ Mark here if you are the Tiger Cub adult partner.

○ Mark here if the adult partner/ScoutParent 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

US

Home phone - - Date of birth (mm/dd/yyyy) / / Occupation Employer Gender: ○ M ○ F

Business phone - - X 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 (required if applicant is under 18 years of age)

2002 Registration fee $. *Boys' Life* fee $.

Signature of Venturer

LOCAL COUNCIL COPY

524-406

Retain on file for three years.