

# BSA YOUTH MEMBERSHIP APPLICATION

1. Fill out the form on a computer and print it
2. Both the parent and the unit leader need to sign it
3. Turn completed form into council promptly for processing (within 1 week)
4. Attach payment or confirm positive balance in your unit REGISTRATION account at council

*Cut along dotted line.*

TEMPORARY MEMBERSHIP  
CERTIFICATE

This certifies that \_\_\_\_\_

is a member of \_\_\_\_\_

Unit leader signature \_\_\_\_\_

Date \_\_\_\_\_

 BOY SCOUTS OF AMERICA®

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

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  @

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

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

LOCAL COUNCIL COPY

Retain on file for three years. 524-406