TURN ON "CAPS LOCK" WHEN FILLING OUT FORM

BSA YOUTH MEMBER APPLICATION

YOUTH INFORMATION

First name **(Full legal name)** | Middle name | Last name | Suffix | Preferred nickname

Country (USA) | Mailing address | City | State | Zip code

Phone (- -) | Date of birth (mm/dd/yyyy) | Grade | Ethnic background: | Gender:

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

Gender: ○Male ○Female

School

○*Scout Life* subscription

PARENT/LEGAL GUARDIAN INFORMATION

○Mark here if address is same as above. ○Mark here if you are the Lion or Tiger adult partner. ○Mark here if the Lion or Tiger adult partner is not living at the same address and complete and attach an adult application.

Select relationship: ○Parent ○Legal Guardian ○Grandparent ○Other (specify)

First name **(Full legal name)** | Middle name | Last name | Suffix | Preferred nickname

Country (USA) | Mailing address | City | State | Zip code

Primary phone (- -) | Date of birth (mm/dd/yyyy) | Occupation | Employer | Gender: ○Male ○Female

Alternate phone (- - x) | Ext. | Previous Scouting experience

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 parent/legal guardian | Date (/ /) | Parent/legal guardian email address

To be completed by unit

Signature of unit leader (or designee) | Date (/ /)

Unit type: ○Pack ○Troop ○Crew ○Ship ○Lone Cub Scout ○Lone Scout | ○Has earned Arrow of Light

Unit No.: For pack registration select one: ○Lion ○Tiger ○Wolf ○Bear ○Webelos

If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

○Transfer application ○Multiple application

Enter membership number from unexpired certificate:

Council No.:

Unit type: ○Pack ○Troop ○Crew ○Ship

Unit No. or district name:

Registration fee $ | *Scout Life* fee $ | PAID: ○ Cash ○ Check No. _____ ○ Credit card

524-406

CLEAR FORM | SAVE FORM | PRINT FORM

COUNCIL COPY

Do Not Fill Out This Page