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:
- ○ 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