

BSA YOUTH MEMBER APPLICATION

YOUTH INFORMATION

First name (No initials or nicknames)	Middle name	Last name	Suffix	Preferred nickname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Mailing address	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	Date of birth (mm/dd/yyyy)	Grade	Ethnic background:	Gender:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/> Black/African American <input type="radio"/> Native American <input type="radio"/> Alaska Native	<input type="radio"/> Male <input type="radio"/> Female
School			<input type="radio"/> Caucasian/White <input type="radio"/> Pacific Islander <input type="radio"/> Asian	
<input type="text"/>			<input type="radio"/> Hispanic/Latino <input type="radio"/> Other	<input type="radio"/> Boys' Life subscription

PARENT/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 ☐ Guardian ☐ Grandparent ☐ Other (specify)

First name (No initials or nicknames)	Middle name	Last name	Suffix	Preferred nickname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Mailing address	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	Date of birth (mm/dd/yyyy)	Occupation	Employer	Gender:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
Cell phone	Business phone	Ext.	Previous Scouting experience	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	x <input type="text"/>	<input type="text"/>	

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/guardian Date / /

Parent/guardian email address

To be completed by unit

Signature of unit leader (or designee)	Date	If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Transfer application Enter membership number from unexpired certificate: <input type="text"/>
Unit type: <input type="radio"/> Cub Scout Pack <input type="radio"/> Boy Scout Troop <input type="radio"/> Venturing Crew <input type="radio"/> Sea Scout Ship <input type="radio"/> Lone Cub Scout <input type="radio"/> Lone Boy Scout	Transfer from council number: <input type="text"/>	Unit type: <input type="radio"/> Pack <input type="radio"/> Troop <input type="radio"/> Crew <input type="radio"/> Ship Unit No.: <input type="text"/>
Unit No.: <input type="text"/>	For pack registration select one: <input type="radio"/> Lion <input type="radio"/> Tiger <input type="radio"/> Wolf <input type="radio"/> Bear <input type="radio"/> Webelos	