NEW-UNIT APPLICATION

Print one letter in each space—leave a space between words.

Council No. | District No.—Name

Chrt. org. code | Full name of chartered organization

Type of organization | If not for profit, purpose of organization | If religious organization, denomination

Mailing address of chartered organization

City | State | Zip code

Physical address of chartered organization, if different | County

City | State | Zip code

Website address of chartered organization

Executive officer: First name | Middle name | Last name | Suffix

Gender | Date of birth (mm/dd/yyyy) | Executive officer email address: ◯ Work ◯ Home

Address

City | State | Zip code | Phone No.

☐ Boy Pack ☐ Boy Troop ☐ Crew
☐ Girl Pack ☐ Girl Troop ☐ Ship
☐ Family Pack

Unit No. | Effective date (mm/yyyy) | Term (months) | Expire date (mm/yyyy)

Special-interest code—Description | 100% *Scout Life* unit

Does your organization agree to the Declaration of Religious Principle? ☐ Yes ☐ No

Signature of executive officer | Signature of Scout executive or designee

No.		
	Youth registration fees	$
	Leader registration fees	$
	Scout Life fees **($15 each)**	$
	Accident and sickness insurance fees	$
	Unit liability insurance fees	$ **100.00**
	Total fees	$

524-402

Retain on file for three years.