Coventry Health Care of Nebraska ID #_____ (Free membership fee for members only)

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

Unit number: ____

For pack registration select one: ○ Tiger Cub ○ Cub Scout ○ Webelos Scout ○ Arrow of Light earned

○ Mark here if new to Scouting. ○ Former Scout ○ Former Venturer ○ Former Sea Scout

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying $1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

○ Transfer application Transfer from council number: ____ Unit type: ○ Pack ○ Troop ○ Team ○ Crew ○ Ship Unit number: ____

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

US

Home phone ___ - ___ - ____ Date of birth (mm/dd/yyyy) __ / __ / ____ Grade ____

Ethnic background:

○ African American ○ Native American ○ Alaska Native ○ Asian

○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

○ ***Boys' Life*** **subscription**

Parent/guardian information

○ Mark here if address is same as above. ○ I commit to be an active ScoutParent. ○ Mark here if you are the Tiger Cub adult partner

○ Mark here if the adult partner/ScoutParent 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

US

Home phone ___ - ___ - ____ Date of birth (mm/dd/yyyy) __ / __ / ____ Occupation ____ Employer ____ Gender: ○ M ○ F

Business phone ___ - ___ - ____ X Ext. ____ Previous Scouting experience ____ Cell phone ___ - ___ - ____

Parent/guardian e-mail address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of unit leader (or designee) Date __ / __ / ____

Signature of Venturer

2001 Registration fee $ __ . __ *Boys' Life* fee $ __ . __

LOCAL COUNCIL COPY

28-406C

Retain on file for three years.