



ADULT APPLICATION: FINAL CHECK

Did you check to make sure the adult application has everything it needs? Below are some commonly missed parts of the application that will place it in our pending files.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

First name (No initials or nicknames) Please print. Middle name Last name Suffix

Signature of applicant Date Unit No.

ADULT APPLICATION 524-501A This form is read by machine. Please print the numbers and letters as shown: 1 2 3 4 5 6 7 8 9 0 A B C D E F G H I

The information obtained in this form is for the internal use of the BSA only. Pack Troop Team Crew Ship Unit No. OR

UNIT SCOUTERS (Fill in the circle.) Council/district position District name

EXPIRE DATE TERM MONTHS New leader Former leader

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 FROM: COUNCIL NO. TYPE OF UNIT UNIT NO.

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames) Middle name Last name Suffix

Have you completed: Youth Protection training Fast Start training

Country Mailing address City State Zip code

Home phone Business phone Ext. Cell phone

Date of birth (mm/dd/yyyy) Ethnic background: Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other Driver's license No. State

Gender Social Security No. (required) Occupation Employer

Country Business address City State Zip code

Position Code Scouting position (description) Are you an Eagle Scout? Date earned (mm/dd/yyyy)

E-mail address (Select one) Work Home Boys' Life subscription

I understand that:
 a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.
 b. In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct. I will follow the Youth Protection guidelines.

APPROVALS FOR UNIT SCOUTERS
 We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America.

Signature of unit committee chairman Date

Signature of chartered organization head or representative Date

APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS
 We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America.

(ACCEPTED) Signature of Scout executive or designee Date

Signature of Scout executive or designee Date

4001 Registration fee \$ Boys' Life fee \$ LOCAL COUNCIL COPY Retain on file for three years.

Common Mistakes

1. Fill in bubbles completely, not with a check or an 'X.'
2. The disclosure form on the page prior to the main application is also required to submit.
3. Please mark the Unit Type and Unit No. boxes with your unit's information.
4. Date of Birth
5. Gender
6. Social Security Number
7. 'Additional Information' questions, found along the right-hand side of the application.
8. Applicant's signature
9. Committee Chair signature
10. Chartered Organization Head or representative signature
11. Attach proof of Youth Protection training

