



Application for membership of the Scout Fellowship

To be completed by the APPLICANT

Name in full (including Mr/Mrs/Ms/Miss) _____

Address _____

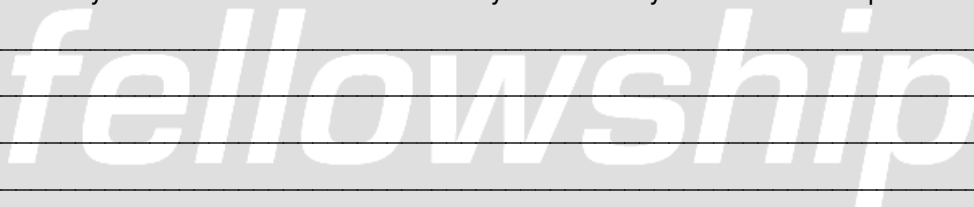
Post Code _____

Date of birth _____ Tel _____ Mob _____

e-mail _____

Details of any Scout or Guide appointments held at present _____

Details of any hobbies or interests etc. that may be of use if you are able to help Scouting _____



DECLARATION

I understand that if I make the Scout Promise I will be a Member of the Scout Association and that if I prefer not to make the Scout Promise, I will be an Associate Member of The Scout Association.

Please enrol me as a member of the District Scout Fellowship and a MEMBER / ASSOCIATE MEMBER (*delete which is not applicable*) of The Scout Association.

I understand that the membership card that will be provided for my use remains the property of The Scout Association and my membership of the Association may be cancelled at any time in the circumstances set out in the Policy, Organisation and Rules of the Association.

I agree to pay each year the Membership Subscription required by the Headquarters of The Scout Association to provide support and services for the Movement throughout the United Kingdom.

Signed _____ Date _____

To be completed by the DISTRICT or SCOUT FELLOWSHIP SECRETARY

Signed _____ Membership card issued _____

