

STEM SCOUTS YOUTH MEMBERSHIP APPLICATION

YOUTH INFORMATION

Unit No.

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

Country Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Grade Ethnic background: Black/African American Native American Alaska Native Asian Male Female
 Caucasian/White Hispanic/Latino Pacific Islander Other

Gender: Male Female

School Youth Email

Are you currently a member of the Boy Scouts of America? If so, in a Cub Pack Boy Scout Troop Venturing Crew Exploring Post Varsity Team

PARENT/GUARDIAN INFORMATION

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

Country Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender: M F

Parent/guardian email address

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 unit leader (or designee) Date Signature of parent/guardian (required if applicant is under 18 years of age)

Best Day/Time to Meet

REGISTRATION FEE **Registration fee should be included with this application.**
\$ Paid Cash Check No.

T-Shirt Size Youth Adult

Credit Card Exp. Date CW Number