NEW-UNIT APPLICATION

Council No.

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

Chrt. org. code

Full name of chartered organization

District No.—Name

County

Special needs or special interest type

Address of chartered organization

City

State

Zip code

Executive officer: First name

Middle name

Last name

Suffix

Sex

County

Address

City

State

Zip code

Phone No.

Pack (C)

Team (V)

Ship (P)

Troop (S)

Crew (P)

Effective date

Term (months)

Expire date (month and year)

Unit No.

Special-interest code—Description

100% *Boys' Life* unit

First issue

Last issue

Subscription term (months)

	No.		
Youth registration fees		$	
Leader registration fees		$	
Boys' Life fees		$	
Charter fees		$	20.00
Total fees		$	

Signature of executive officer

Signature (for the council)

LOCAL COUNCIL COPY

tain on file for three years.