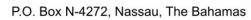
## The Scout Association of The Bahamas





## NEW MEMBER INFORMATION SHEET

Group:		Membership Type: Bea	ver/ Cub Scout/ Venture/ Adult		
	•	Volunteer * (Omit Below)			
Last Name:	Middle Initial	: First Name:			
SexMaleFen	nale Present Age:	Birthdate:	(MM/DD/YY)		
*School:	*]	Present Grade:			
Street Address/ Sub-Divi					
Home Telephone:P.O.Box No:					
E- Mail Address:					
	*Father's Name:				
*Phone Contact: Day:* Phone Contact Day:					
*Phone Contact: Cell:* Phone Contact Cell:					
*Live with:					
Emergency Contact: Nar					
Phone Contact:Relationship to Scout:					
			_		
membership fee of \$10 e	ach year in September. Imps, Activities, filed trip	will be responsible for	e Bahamas. I will pay the all costs related to injuries e. I will notify the group leader		
Signed:Date:					
Relationship:					
	All informa	ation given will be tr	reated confidentially.		
Place passport photo here	For official use: Membership # Membership fee pa	Data ent	ered		