

THE SCOUT ASSOCIATION OF THE BAHAMAS

P.O. BOX N-4272, NASSAU, THE BAHAMAS

ANNUAL MEMBER UPDATE FORM

Group: _____ Membership Type: Beaver Cub Scout Venture Adult Volunteer*
(Omit Below)

Last Name: _____ First Name: _____ Middle Initial: _____

Sex: _____ Male _____ Female Present Age: _____ Birth Date: _____
e.g. 10 Apr 1973

*School: _____ *Present Grade: _____

E-Mail Address: _____ / _____
Parent Cub

* Mother's Cellular _____ *Father's Cellular _____

THIS BOX:- FILL ONLY ITEMS THAT CHANGED SINCE YOUR LAST REGISTRATION

Street Address/SubDivision: _____

Home Telephone: _____ P.O. Box No.: _____

*Mother's Name: _____ *Father's Name: _____

*Mother's Phone Day: _____ *Father's Phone Day: _____

* Mother's Phone Eve.: _____ *Father's Phone Eve.: _____

COMPLETE ALL ITEMS BELOW

*Lives With: _____

Emergency Contact: Mother Father Both Other (if other fill below)

Name _____

Phone Contact: _____ Relationship to Scout: _____

Known Allergies / Disabilities or Medical Concerns: _____

I agree to *my child becoming a member of the Scout Association of The Bahamas. I will pay the membership fee of \$5 each year in September. I will be responsible for all costs related to injuries incurred during Scout camps, activities, field trips, events, meetings, etc. I will notify the group leader of any changes in the information given above.

Signed: _____ Date: _____ Relationship: _____

All information given will be treated confidentially.

For official use:

Membership # _____ Data entered _____ Membership fee paid . _____