

### Membership Assistance

Unit Type: Pack / Troop / Crew / Post / Group      Unit Number: \_\_\_\_\_

Scout Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Reason For Membership Assistance Request:

- Parents currently unemployed       Single Parent with minimal income
- Number of people in immediate family       Large immediate family with minimal income
- Extreme illness in immediate family       Other: \_\_\_\_\_
- Combination of above reasons

Did unit participate in popcorn sale?      Yes\_\_ No\_\_

Amount Requested:      \$ \_\_\_\_\_

Family Paid:      \$ \_\_\_\_\_

Total      \$ \_\_\_\_\_

Program:	<input type="checkbox"/>	Soccer and Scouting	Pack	Troop	Crew	Group
	<input type="checkbox"/>	Traditional	Pack	Troop	Crew	Group
	<input type="checkbox"/>	Learning for Life	Group	Post		

Requesting DE: \_\_\_\_\_ Date: \_\_\_\_\_

Field Director: \_\_\_\_\_ Date: \_\_\_\_\_

Scout Executive \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use