

# CHARTER RENEWAL TRANSMITTAL ENVELOPE

DISTRICT \_\_\_\_\_

**Scouting Unit Number:**

Cub Scout Pack _____	Sea Scout Ship _____
Scout BSA Troop _____	Explorer Club _____
Venturing Crew _____	Explorer Post _____
	Learning for Life Group _____

District Commissioners submit reviewed packages to the DE on or before the 1<sup>st</sup> of the charter month

Charter Renewal Checklist	Verification (Initial when complete)	
	Unit	Unit Commissioner
1. Charter Renewal Application <b>A.</b> Proper fees Enclosed (*See summary below) <b>B.</b> Executive Officer Signature <b>C.</b> Unit Leader Signature (CM, SM, NL, EA or SK)		
2. New applications complete: Date of birth, address, phone, etc. and signed. Adult application with SSN, disclosure, YPT		
3. Charter Renewal Application: All addresses, telephone numbers correct.		
4. Required positions listed: <input type="checkbox"/> CR <input type="checkbox"/> CC <input type="checkbox"/> MC <input type="checkbox"/> MC Packs: <input type="checkbox"/> DL and/or <input type="checkbox"/> WL, if Lions: <input type="checkbox"/> DL, if Tigers: <input type="checkbox"/> DL		
5. Unit leader listed (one required) <input type="checkbox"/> CM <input type="checkbox"/> SM <input type="checkbox"/> NL <input type="checkbox"/> EA <input type="checkbox"/> SK		
6. On Time Unit (To Unit Commissioner no later than 30 days before current charter expires)		
7. 100% <i>Boys' Life</i>		

<u>*Summary of Enclosed Fees</u>	Qty	Fee
Youth Registration*	\$33.00 X _____	\$ _____
Youth Acc./Sick Insurance	\$ 6.00 X _____	\$ _____
Multiple Youth (No fees)	_____	xxxxxxxxxx
Youth <i>Boys' Life</i> Subscriptions	\$12.00 X _____	\$ _____
Adult Registration*	\$33.00 X _____	\$ _____
Adult Acc./Sick Insurance	\$ 6.00 X _____	\$ _____
<b>(NOT Including Tiger Adult and Lion Adult Partners)</b>		
Multiple Adults (No Fees)	_____	xxxxxxxxxx
Adult <i>Boys' Life</i> Subscriptions	\$12.00 X _____	\$ _____
Charter Fee	\$40.00 X <u>  1  </u>	\$ _____
<b>Total Fees</b>		\$ _____

**\*FEES UNDER REVIEW**



**BOY SCOUTS OF AMERICA**  
**NATIONAL CAPITAL AREA COUNCIL**  
[www.NCACBSA.org](http://www.NCACBSA.org)

Signed: \_\_\_\_\_ (Committee Chair) \_\_\_\_\_ (Unit Commissioner)

Please Print: \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone #) \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone #)