



# BOY SCOUTS OF AMERICA®

## NATIONAL CAPITAL AREA COUNCIL

**DISTRICT:**

**DEFECTIVE NO:**

**REGISTRATION TYPE:**

**DATE:**

**SE APPROVAL NEEDED:**

**UNIT TYPE:**

**FP**

**BT:**

**GT**

**NUMBER:**

**NUMBER OF PAID YOUTH:**

**EXPLORING YOUTH:**

**NUMBER OF PRE-PAID YOUTH:**

**NUMBER OF PRE-PAID ADULTS:**

**NUMBER OF PAID ADULTS:**

**NUMBER OF MULTIPLE/TRANSFER YOUTH:**

**NUMBER OF MULTIPLE/TRANSFER ADULTS:**

**EFFECTIVE DATE:**

**TERM LENGTH:**

**New unit:**

**Unit Renewal:**

**Council Funded:**  
*\*change to \$2.50per*

**Blue Card**

\_\_\_\_\_ PAID YOUTH @ \$6.25 PER MONTH = \$ \_\_\_\_\_

\_\_\_\_\_ PAID EXPLORING YOUTH @ \$3.75 PER = \$ \_\_\_\_\_

\_\_\_\_\_ NEW MEMBER FEE @ \$25.00 PER = \$ \_\_\_\_\_

\_\_\_\_\_ PAID ADULTS @ \$3.75 PER MONTH = \$ \_\_\_\_\_

\_\_\_\_\_ SL SUBSCRIPTION @ \$1.25 PER MONTH = \$ \_\_\_\_\_

UNIT FEE @ \$100 (ONLY NEW UNITS AND RENEWALS) = \$ \_\_\_\_\_

\_\_\_\_\_ PAID MEMBER INSURANCE FEE @ \$2.00 PER = \$ \_\_\_\_\_

*\* PAID ONLY AT UNIT RENEWAL\**

\$ \_\_\_\_\_

Received Date: \_\_\_\_\_