



Boy Scout Troop 139 New Member Application

ANNUAL DUES: \$12.50 per month to the end of the calendar year PLUS \$100 Adult Sponsor Deposit (\$250).

A parent/guardian must contribute 96 hours of volunteer support each year or forfeit the Adult Sponsor Deposit.

MAKE CHECKS PAYABLE TO: **TROOP 139** (Troop dues are tax deductible)

Please Print Clearly

Scout's LAST name: _____

Scout's First name: _____

Scout's Middle name: _____

Scout's nickname: _____

Scout's Home Address: _____

City, State, Zip Code: _____

Scout's Home Phone: _____

Scout's OWN Cell or Pager: _____ Cell ___ Pager

Scout's OWN e-mail address: _____

Scout's Age: _____ Scout's Birthdate: _____

Scout's Place of Birth: _____ City _____ State or Country

Scout's Social Security Number: _____

Scout's School: _____ Grade: _____

Prior Cub Scout Pack? Number: _____ City: _____

Webelos? ___ Yes, ___ No Arrow of Light Award? Date: _____

Allergies, medical conditions, or other information we should know: _____

My Scout can swim 100 feet: ___ Yes ___ No

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Date: _____

Please complete parent
information on reverse side



Father's Information

PLEASE PRINT CLEARLY

Father's FIRST & LAST name: _____

Father's Home Address: _____

City, State, Zip Code: _____

Father's Home Phone: _____

Father's Work Phone: _____ Ext _____

Father's Cell or Pager: _____ Cell ___ Pager

Father's Fax: _____

Father's e-mail address: _____

Father's Occupation: _____

Father's Hobbies / Interests: _____

Father's Drivers License No. _____ State _____

Father's Vehicle: Year _____ Make _____ Model: _____

Father's Vehicle: License No: _____ No. of Seat Belts: _____

Insurance Coverage (x1000): _____ Per Person _____ Per Accident _____ Property

Mother's Information

PLEASE PRINT CLEARLY

Mother's FIRST & LAST name: _____

Mother's Home Address: _____

City, State, Zip Code: _____

Mother's Home Phone: _____

Mother's Work Phone: _____ Ext _____

Mother's Cell or Pager: _____ Cell ___ Pager

Mother's Fax: _____

Mother's e-mail address: _____

Mother's Occupation: _____

Mother's Hobbies / Interests: _____

Mother's Drivers License No. _____ State _____

Mother's Vehicle: Year _____ Make _____ Model: _____

Mother's Vehicle: License No: _____ No. of Seat Belts: _____

Insurance Coverage (x1000): _____ Per Person _____ Per Accident _____ Property
