



APPLICATION FOR MEMBERSHIP

NOTE: Information collected by this form is for the sole use of the Canadian Fellowship of Baden-Powell Guilds.

Guild Name: **Guild #**

MEMBERSHIP INFORMATION: Salutation: Mr. Mrs. Miss. Ms.

Gender: Male: Female: Date of Birth: YYYY/MM/DD

First Name: Initial: Last:

Address:

City: Prov: Postal Code:

Email: Phone:

INFORMATION UPDATE:

Do you have a valid Police Records Check (PRC)?

Do you understand that as a condition of membership, you may be required to submit a Police Record Check (PRC) in the future?

New Baden-Powell Guild Members that are applying for membership in the 100th Canadian Baden-Powell Guild only, must supply two (2) character references.

Name: Phone:

Name: Phone:

The following sections are to be filled out for New members only

Scouting/Guiding History

Area/Council	Position	Date

Signature:

Dated:

