



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: Mr. Mrs. Miss Ms

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

First Name: Initial: Last Name:

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 by New members only

Scouting/Guiding History

Area/Council	Position	Date

Signature:

Dated:

Training Taken	Date

Honours Received	Date