18th / 19th Fermoy Scout Group

MEMBERSHIP APPLICATION FORM

Part 1 Parent / Guardian Details

Please complete all details in block capitals and tick appropriate boxes

First Name: Last Name:

Address:

Phone: Mobile:

Email:

Part 2 Section Details

Beavers (6 to 8 yrs) ☐ **Cubs** (9 to 11 yrs) ☐ **Scouts** (12 to 15 yrs) ☐

Ventures (16 to 18 yrs) ☐ **Rovers** (19 to 21 yrs) ☐ **Adult Leader** (18+) ☐

Part 3 Member Details

First Name: Last Name:

DOB: Gender: M: ☐ F: ☐ Nationality:

Renewal of membership: ☐ New membership: ☐ Amount paid € _____

Please note: This form can be filled out in Adobe Reader/Acrobat by clicking on the highlighted sections

Please e-mail completed form to: applications@scoutingfermoy.org

Or fill out and post to: Adrian McGrath, 17 Cork Road, Fermoy, Co. Cork

Application approval date: _____ Signed: _____