NEW-UNIT APPLICATION	Council No. District NoName	
Print one letter in each space-leave a space between words.		
Chrt. org. code Full name of chartered organization		
Type of organization If not for profit, purpose of organization If religious organization, denomination		
Mailing address of chartered organization		
City	State Zip code	
Physical address of chartered organization, if different	County	
City	State Zip code	
Website address of chartered organization		
Executive officer: First name Middle r	name Last name	Suffix
Gender Date of birth (mm/dd/yyyy) Executive officer email add	Iress: OWork OHome	
Address		
City	State Zip code	Phone No.
Boy Pack Boy Troop Crew Unit No. Effective date	Term (months) Expire date	No.
Girl Pack Girl Troop Ship		Youth registration fees \$
Family Pack		Leader registration fees \$
Special-interest code—Description 100% Scout	Life unit	Scout Life fees \$
		Accident and sickness insurance fees \$
Does your organization agree to the Declaration of Religious Principle?	No	Unit liability insurance fees \$ 100.00
		Total fees \$
Signature of executive officer Signat	ture of Scout executive or designee	524-402