



3rd Monaghan Carrickmacross

YOUTH MEMBERSHIP APPLICATION FORM

Please complete this form and return it by post to;

Peter Mee
3rd Monaghan Scout Group Secretary
Donaghmoyne Rd.
Carrickmacross
Co. Monaghan.

Child Name
Child Date of Birth
Child Gender

Parent/Guardian Name (delete as appropriate)
Address
Home Phone
Mobile Phone
E-mail address

Parent/Guardian Name(delete as appropriate)
Address
Home Phone
Mobile Phone
E-mail address

Please detail any existing links to the group (siblings etc.)

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Please provide any additional information you deem appropriate

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Would you consider helping in the group as a leader?

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If you have any questions regarding group membership policies or procedures, please consult our website at www.carrickscouts.ie or call Peter on 087 2453192. Note that from September 2007, membership applications will only be accepted on submission of this form.