



3<sup>rd</sup> Monaghan Carrickmacross

# YOUTH MEMBERSHIP APPLICATION FORM

Please complete this form and return it by post to;

James Fox  
3<sup>rd</sup> Monaghan Scout Group Secretary  
Lurgans  
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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Date of Application: (filled in by Group Secretary)	
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If you have any questions regarding group policies or procedures, please consult the National website at [www.scouts.ie](http://www.scouts.ie). Note that from September 2007, membership applications will only be accepted on submission of this form.