

		Buffalo Trace Co	ouncil		
	Men	iber Renewal P	lequest Fo	orm	
U	Init Information	Unit Leader Signature			
	Pack Unit Number: Troop Crew	By signing below, I am confirming that our unit would like to renew membership for the listed youth and/or adults for 12 months, beginning at the expiration of their previous membership.			
	Post	Signature:		Date:	
		Members to R			
	Financial Assistance req	nuires a separate form for ed automatically applied unles		ng. ScoutLife subscription is ted.	
1) .	First Name	Last Name	□ youth □ adult	☐ assistance app attached☐ opt out ScoutLife	
2)	First Name	Last Name	□ youth □ adult	☐ assistance app attached☐ opt out ScoutLife	
3) .	First Name	Last Name	□ youth □ adult	☐ assistance app attached☐ opt out ScoutLife	
4) .	First Name	Last Name	□ youth □ adult	☐ assistance app attached☐ opt out ScoutLife	
5) .	First Name	Last Name	□ youth □ adult	☐ assistance app attached☐ opt out ScoutLife	
6) -	First Name	Last Name	□ youth □ adult	☐ assistance app attached☐ opt out ScoutLife	
7) .	First Name	Last Name	□ youth □ adult	☐ assistance app attached☐ opt out ScoutLife	

For Council Use Only

Date Received:	# of Youth:X \$85 =	Subtotal:	Transaction #:
Date Processed:	# of Adults:X \$65 =	3% fee if CC:	
Date 1 Tocessed.	# of SL:X \$15 =	Total Due:	