

NESA MEMBERSHIP APPLICATION

- Enclosed is \$25 for my five-year NESA membership.
- Enclosed is \$180 for a lifetime NESA membership.
- Enclosed is an additional \$40 for special handling/overnight delivery.
- Please charge my VISA/MasterCard for the membership/services indicated above.
- Check here if this is a renewal.

Attach check payable to National Eagle Scout Association.
 Mail to: NESA, S220, Boy Scouts of America
 1325 West Walnut Hill Lane, P.O. Box 152079
 Irving, TX 75015-2079

FOR OFFICE USE ONLY

62006-4240 \$ _____

67001-4240 \$ _____

Approval code: _____

Date _____ Per _____

VISA/MasterCard account number

Card expiration date

DATE OF BIRTH

EAGLE AWARD DATE

Region CE NE SO WE (Please circle one.)
 Council No.

Signature _____

PRINT NAME AS IT APPEARS ON YOUR EAGLE SCOUT CREDENTIALS.

SOCIAL SECURITY NUMBER

STREET ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

- Check here if this is a new address and provide previous address.

 Occupation _____

CHECKLIST OF INTERESTS

Indicate areas in which you would like to be involved.

Youth:

- _____ Training instructor
- _____ Summer camp staff
- _____ Camporee/field staff
- _____ Eagle Scout courts of honor
- _____ Scouting for Scouts with Disabilities
- _____ Public speaker
- _____ Alpha Phi Omega
- _____ Other: _____

Adult:

- _____ Unit leadership
- _____ Commissioner
- _____ Merit badge counselor
- _____ Eagle Scout board of review
- _____ Eagle Scout courts of honor
- _____ Fund-raising
- _____ Eagle Scout dinner sponsor
- _____ District activities staff
- _____ Scouting for Scouts with Disabilities
- _____ Alpha Phi Omega
- _____ Other: _____

If you are presently registered in Scouting, please complete the following section:

Cub Scout pack no. _____ Position _____

Boy Scout troop no. _____ District _____

Varsity Scout team no. _____ Council _____

Venturing crew no. _____