

Ship 6 Joining Checklist

New Member Name _____

Age _____

Phone Number _____

Email Address _____

Date _____

BSA Youth Membership Form Signed by both Youth and Parent/Guardian

Annual BSA Health Form Signed by Youth, Parent **AND Physician**

Read Quick Facts

Read and Acknowledge the Ship 6 Bylaws, signed by Youth

Family contacts & volunteer information Form

Check made out to "Ship 6" for 1-time joining fee (includes Ship 6 shirt & current year BSA registration)

This form completed and signed by Youth and Parent/Guardian

Youth
Signature _____

Date _____

Parent/Guardian
Signature _____

Date _____