



# APPLICATION FOR MEMBERSHIP

## BP SERVICE ASSOCIATION (BPSA)

**PLEASE PRINT**

New Member [  ]

Returning Member [  ]

I would like my son/daughter/ward registered as:

Otter (5-7) [  ] Timber Wolf (8-10) [  ] Explorer (11-15) [  ] Senior Explorer (15-17) [  ] Rover (18+) [  ]

The annual fee of \$\_\_\_\_\_ is enclosed: Cash [  ] Cheque [  ] Interac [  ] Payment received by: \_\_\_\_\_

Full Name of Youth is: \_\_\_\_\_ Birth Year: \_\_\_\_\_ (yyyy)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Please complete if applicable:

Father's Partner's Name: \_\_\_\_\_ Mother's Partner's Name: \_\_\_\_\_

Street and Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_ Youth Email: \_\_\_\_\_

I agree to receive emails and messages from BPSA and acknowledge that our email address(s) will not be knowingly shared beyond the BP Service Association. Youth will not be contacted by an adult without another Leader or Parent being included.

I grant permission for my son/daughter/ward to be a member in the BP Service Association and to participate fully in all activities.

I hereby grant the BP Service Association permission to use my and/or my child's image in all publications, both print and electronic, and display on the Association's websites. I also give permission for the BP Service Association to give this image to a reputable third party, when requested, for both print and electronic publications. We don't post/tag pics on Facebook.  
Yes [  ] No [  ]

I certify that my son/daughter/ward is in good health and physical condition:  
Yes [  ] No [  ] (see medical form on reverse)

Are there any medical, dietary, family circumstances, custody issues or religious requirements of which the leader should be aware? YES [  ] NO [  ] (If yes, the leader will arrange a confidential private interview.)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Rovers over the age of 18 do not require a parent's signature, but must sign the form themselves.

**PLEASE COMPLETE MEDICAL INFO ON THE REVERSE**