

Membership Application

Full Name				
Street Addres	S			
City, State, Zip				
E-mail				
Phone #		Cell	Home	Work
Date of Birth				
	(We will use email a	nd/or text messaging for commun	ications)	
Expertise & Committ	ee Opportunities (che	ck all that apply)		
Accounting	Seek Donations	Web page Design	Community Liaison	
Databases	Quickbooks	Marketing	Signage / Graphics	
Fundraisers	Other Skills			
		Please list other skills		
	, agree to help Troop Group fulfill its mission through			

I , agree to help Troop Group fulfill its mission through my actions, monetary gifts/donations, and/or service and participation. I am aware that I am expected to attend the membership meetings held twice per year. I authorize Troop Group to perform a background check. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Have you been convicted within the past 10 years of any felony classified as an offense against a person or family, or public indecency, or a violation of the Texas Controlled Substances Act, or any misdemeanor classified as an offense against a person or family, or public indecency?

No Yes, if Yes please explain below