

NESA MEMBERSHIP APPLICATION

- Enclosed is \$25 for my five-year NESA membership.
- Enclosed is \$180 for a lifetime NESA membership.
- Enclosed is an additional \$35 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

Signature _____

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

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.	_____		