| | Unit Account I | Disclaimer | | | | |
|--|---|--|--------------------------------|-----------------------------|----------------------|--|
| | California Inland E | mpire Coun | cil | | | |
| | 2351 W Lugonia | Ave., Suite F | 1 | | | |
| | Redlands, Ca | A 92374 | | | | |
| | 909-793-2 | 2463 | | | | |
| | | | | | | |
| District | Type of Unit | | Number_ | | | |
| | DistrictType of UnitNumber(Pack, Troop, Crew or Post) | | | | | |
| understand that these name it is for membership applications | | ized to charge aga der are also autho | ainst the fun orized to use | ds in said ac funds). Al | ccount (if l persons | |
| EIMIT TO TIEOTE | BY LEPISE TRIVE | | | | | |
| 1 | | D.O.B | | - | | |
| 2 | | D.O.B | | | | |
| 3 | | D.O.B | | | | |
| 4 | | D.O.B | | <u></u> | | |
| Application <u>must</u> be signed registered person in the uni | d by the currently registered Cont. | mmittee Chairma | n and one of | ther currentl | у | |
| 1. Sign: | | (Committee Chairman) | | | | |
| Print: | | _ Phone #: | | | | |
| 2. Sign: | - | _ Position: | | | | |
| Print: | | _ | | | | |
| | | | | | | |

Date Check_____

Initials_____

Date Posted_____

Initials_____

PLEASE TURN-IN THIS FORM AT THE COUNCIL OFFICE

*IF YOU WOULD LIKE A MONTHLY STATEMENT OF YOUR ACCOUNT ACTIVITY PLEASE REQUEST ONE BY

CALLING THE COUNCIL OFFICE DURING NORMAL BUSINESS HOURS.