

ADULT APPLICATION

*The information obtained in this form is
for the internal use of the BSA only.*

Please submit the following directory information for registration verification:

If no response is received, your registration will automatically be renewed with the information currently on file providing Youth Protection Training and an updated criminal background check disclosure form have been submitted.

Name: _____

Address: _____

Phone Type & Number: (_____)

Preferred e-mail: _____

You are currently registered as a merit badge counselor:

Counsel unit only: Yes / No If Yes, What Troop? _____

All merit badge counselor registrations need be renewed annually for a period of one year. There is no membership fee for registration in this position. However, all directory information must be verified. Please check the appropriate statement below, sign your name and return this form to the council service center.

- ✓ **Yes, I want to renew** my Merit Badge Counselor registration and have reviewed the above to ensure accurate directory information. I understand *Youth Protection Training* must be *renewed every two years* and must be current at time of membership renewal. **I have enclosed a copy of my certificate of completion of Youth Protection Training.**
- ✓ **NO, I do not want to continue in this position.** Please remove my name from the Merit Badge Counselor registration list.

Signature

Date

Please return this form to the Council Service Center by Jan 31st
247 Willow Street, Yarmouth Port, MA 02675