SCOUTS AUSTRALIA
Victorian Branch

Youth Membership Form

Form Y1
Aug 01

(Complete in Block Letters)

Group Scout Code No ....3025217..... Registration No.....

PLEASE REGISTER RECRUIT AS:- (Circle appropriate section)

JOEY MOB	1	2		CUB SCOUT PACK	1	2 OR 3	
SCOUT TROOP	(1)	2		VENTURER UNIT	1	ASSOCIATE	Yes/No
ROVER CREW	1	2		YOUTH INSTRUCTOR	Joey / Cub / Scouts		

Has this recruit previously been a registered member with Scouts Australia, Victorian Branch Yes / No

FAMILY OR SURNAME .....

First Given NameSecond/Other Given Name .....

Date of Birth ..... (Male/Female) Where did you hear about Scouting .....

- Parent/Guardians (Registration no/s. If Member of Scouts Australia, Victorian Branch .....
- Surname: ..... Occupation: .....
- First Name: ..... Phone (Private): .....
- Preferred Name: ..... Phone (Work): ..... Mobile: .....
- Title: ..... Fax: ..... email: .....
- Address: ..... Postcode: .....

PARENT OR GUARDIAN TO COMPLETE

MEDICAL AUTHORITY

In the event of accident or illness I authorise any Officer, Servant or Agent of Scouts Australia to obtain on my behalf at my expense such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered appropriate by the Officer, Servant or Agents Scouts Australia and (should it be advised by a duly qualified Medical Practitioner that it is necessary) to authorise a general anaesthetic. This clause also includes any dental treatment urgently required.

I further agree to pay on demand by Scouts Australia all such medical, hospital and other fees and expenses incurred or to be incurred by Scouts Australia in such circumstances other than such fees and expenses recoverable under the policy of insurance taken out by Scouts Australia

I acknowledge that I have read the above provisions prior to signing thereof:

SIGNED..... ***Date***.....
(Parent/Guardian or Recruit if over 18 years of age)

Medicare No ..... **Ambulance Subscriber** Yes/No .....

Private Hospital Subscriber, Yes/No..... **Name of Fund** .....

Group Leader contact to forwardCertificate: Chris Taylor 1st Hawthorn
Scotch College
.....**Post Code:**.....

PAYMENT DETAILS

CHEQUE AMOUNT $ .....
Make cheque payable to Scouts Australia, Victorian Branch

CREDIT CARD
(Credit Card details)

☐ B/CARD ☐ M/CARD ☐ VISA

NAME ..... AMOUNT $ .....

EXPIRY DATE / / SIGNED .....

CREDIT CARD NUMBER

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Joining Fee ..... $_____
Membership Fee ..... $_____
Total Fee payable ..... $_____

Group Name .....
Approval (Signed) .....

Date Joined Group .....