

**SCOUT ASSOCIATION OF TRINIDAD AND TOBAGO**

FOUNDED 1911

Scout Headquarters  
#1 St. Ann's Road  
St. Ann's, Port-of-Spain  
Trinidad, W.I.



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Registration No: \_\_\_\_\_

**SCOUT MEMBERSHIP  
APPLICATION FORM**

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
SURNAME FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
TEL.NO: \_\_\_\_\_

RELIGION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_yrs \_\_\_\_\_mths

NATIONALITY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

TROOP/COMMITTEE: \_\_\_\_\_

SCHOOL/WORK: \_\_\_\_\_ TEL NO: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ TEL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

**PARTICULARS OF PARENT/GUARDIAN:**

OCCUPATION/PROFESSION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

LEADER/D.C./HON.SEC: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

**REGISTRATION FEE: 4yrs - \$20.00 3yrs - \$15.00 2yrs - \$10.00 1yr - \$5.00**

FEES PAID: \$.....

RECEIVED AT HEADQUARTERS

DATE:.....

DATE PAID: .....

RECEIVED BY:.....

RECEIVED BY: .....

LEADER

**TEAR OFF**

This Section of the Form is to be completed by the Leader and given as a receipt.

**SCOUT ASSOCIATION OF TRINIDAD AND TOBAGO**

Received from:.....

The sum of \$..... begin registration fees for .....years

In ..... District .....

PACK/TROOP/UNIT  
(Tick which applicable)

DATE:.....

SIGNATURE:.....

RANK:.....