



**...EVERYDAY ADVENTURE**  
**WWW.ARUNDELSCOUTS.ORG.UK**  
**0845 474 1908**

**1ST ARUNDEL**  
**(EARL OF ARUNDEL'S OWN)**  
**SCOUT GROUP**

**MEMBERSHIP**  
**FORM**





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**0845 474 1908**

FOR SCOUT  
GROUP USE ONLY

Group reference Number

*Please return this form to your young persons section Leader at their next meeting.*

Section: **BEAVERS / CUBS / SCOUTS** *(delete as applicable)*

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

E-mail address/s (please include for the Group to send notices on activities):

\_\_\_\_\_

Emergency Contact phone numbers (mobile/landline phone number/s):

\_\_\_\_\_

N.H.S. Number: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

Child's special needs-medical, dietary, social, educational (please include any allergies/regular medication):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## DECLARATION

I agree for my son/daughter to be a member of 1<sup>st</sup> Arundel Scout Group.

In the of an incident requiring medical attention I authorise any section leader to give permission to trained medical staff/doctor/first aiders to undertake whatever treatment is considered necessary for my son/daughter if unable to do so myself. I agree to pay the group's membership's fees and indicate my payment preferences, including gift aid on page 4.

I accept that the Scout Group will be keeping information about my son's/daughter's membership of the Scout Movement for Scouting Purposes. I give explicit consent for holding of the above sensitive personal data about my son's/daughter's health/disabilities/religion again for Scouting purposes, and that photographs/video can be taken of my son/daughter during activities for use for legitimate Scouting/promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## OTHER INFORMATION

School: \_\_\_\_\_

Place of worship/faith: \_\_\_\_\_

Parents/Guardians names and relationship to child i.e. mother/father/other:

\_\_\_\_\_

Father's Occupation/hobbies (completion is optional):

\_\_\_\_\_  
\_\_\_\_\_

Mothers Occupation/hobbies (completion is optional):

\_\_\_\_\_  
\_\_\_\_\_

Relatives in Group/Friends in section:

\_\_\_\_\_

Is there anything else you would like us to know?

\_\_\_\_\_



Members Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

**METHOD OF SUBSCRIPTION PAYMENT** *PAYMENT METHOD (please tick)*

Monthly Standing Order  Monthly Cash/Cheque

**GIFT AID DECLARATION**

Gift aid does not cost you anything and 1<sup>st</sup> Arundel Scout Group will benefit by receiving from the government 28p in the pound of their subscription.

I confirm I am a UK Taxpayer and I wish for the above Charity to treat all payments I make on or after the date of commencement of membership, in respect of my child's membership and subscription to the 1<sup>st</sup> Arundel Scout Group, as Gift Aid Donations.

(Tick here if you **DO NOT** wish to or unable to give via gift aid).

**COMPLETE FOR GROUP RECORDS - STANDING ORDER ONLY**

*You will need to submit a standing order to your bank. A form is available online or via your Leader.*

**ACCOUNT NAME** \_\_\_\_\_

|   |                            |
|---|----------------------------|
| <b>AMOUNT TO BE PAID £</b>                                    | <b>WHEN PAID – MONTHLY</b> |
| <b>DATE OF FIRST PAYMENT (e.g. 24<sup>th</sup> June 2010)</b> | _____                      |
| <b>DATE OF USUAL PAYMENT (e.g.24th)</b>                       | _____                      |

**HOW BEST WILL YOU SUPPORT YOUR CHILDS INVOLVEMENT IN THE GROUP**

Helping at section meetings  Assisting with fundraising

Being part of the Group Executive  HQ Maintenance

Other (please state) \_\_\_\_\_