

SCOUTS ACT

The Scout Association of Australia Australian Capital Territory Branch Incorporated

89 Kitchener Street, Garran ACT 2605 ABN 95 108 207 854

APPLICATION FOR FOR REGISTRATION OF A MOB/PACK/TROOP/UNIT/CREW/FELLOWSHIP

Name of Section	Mob/I	Pack/Troo _]	ack/Troop/Unit/Crew/Fellowship			Group (if applicable)
Reason for choice of name						
Meeting Place Meeting n		g night	night Meetin		ng time	
The following have made application for appointment as Leaders (If a Crew or Fellowship, please provide details for proposed Crew or Fellowship Executive):						
Names	Membe	Membership numbers		Current appointments		
Number of Members to be	If a sponsored Group, attach relevant documentation					
Address for correspondence (may be a PO Box or Branch Office)						
RECOMMENDED/APPROVED:						
Recommended:	Recommended:		Noted:		Appro	ved:
Group Leader (or Crew/Fellowship Leader if applicable)	Region Commissioner (or BRC Chair if applicable)		Section Commissioner (or BRA if applicable)		Chief	Commissioner
Date:	Date:		Date:		Date	