

Membership Record Update

Buckskin Council

		∐ Adult	∐ Youth
			First Name:
			Last Name:
			Suffix:
			Nickname:
			Gender:
			Unit:
			Council District:
			Date of Birth:
			BSA Person ID:
			Street:
			City:
			State:
			Zip:
			Home Phone:
			Mobile Phone:
			Work Phone:
Work	Mobile	Home	Primary Phone: (Check One)
			Home Email:
			Work Email:
			School Email:
School	Work	Home	Primary Email: (Check One)
			Dues Year:
			Ordeal Date:
			Brotherhood Date:
			Vigil Date: