

CHANGE REQUEST FORM

NAME _____ ADULT YOUTH

MEMBER ID # _____ EFFECTIVE DATE OF CHANGE _____

DISTRICT NAME _____ DISTRICT # _____

PACK # _____, TROOP # _____, TEAM # _____, CREW # _____, POST # _____, SHIP # _____

- ADDRESS CHANGE PHONE NUMBER CHANGE
- NAME SPELLING CORRECTION ***ADULT POSITION CHANGE**

ADDRESS _____

CITY / STATE / ZIP _____

PHONE (H) _____ PHONE (B) _____ PHONE (C) _____

EMAIL ADDRESS _____

SPELLING CORRECTION _____

CURRENT POSITION _____

*NEW POSITION _____

INDIVIDUAL BEING REPLACED _____

(CHANGE REQUEST FORM **MUST** BE SUBMITTED FOR INDIVIDUAL BEING REPLACED)

***APPROVED BY:**

CHARTER REPRESENTATIVE _____ DATE _____

COMMITTEE CHAIR _____ DATE _____

DISTRICT EXECUTIVE _____ DATE _____

***LEADERSHIP POSITION CHANGE REQUIRES APPROVAL OF ABOVE INDIVIDUALS**

COUNCIL USE ONLY:

DATE RECEIVED _____ HURST WACO

DATE ENTERED _____ CHANGE ENTERED BY _____