

CHANGE REQUEST FORM

NAME _____ ADULT YOUTH

MEMBER ID # _____ EFFECTIVE DATE _____

DISTRICT NAME _____ DISTRICT # _____

PACK # _____ TROOP # _____ BOY GIRL CREW # _____ POST # _____ SHIP # _____

ADDRESS CHANGE *ADULT POSITION CHANGE

NAME SPELLING CORRECTION PHONE NUMBER CHANGE

ADDRESS _____

CITY/STATE/ZIP _____

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

EMAIL ADDRESS _____

NAME SPELLING CORRECTION _____

CURRENT POSITION _____

*NEW POSITION _____

INDIVIDUAL BEING REPLACED _____

(CHANGE REQUEST FORM MUST BE SUBMITTED FOR THE 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 _____

DATE ENTERED _____ CHANGE ENTERED BY _____