

DAN BEARD COUNCIL Membership Discount Application

Membership in the programs of the Scouting America provides life changing experiences for children and their families. The Dan Beard Council wants to do everything possible to ensure that the cost of Scouting is not a barrier to participation for any member of our community.

Please complete the next few questions to see if your child/children may qualify. This form must be submitted with a completed Scouting America membership application to take advantage of any registration discounts.



Parent/Guardian Information

First & Last Name: _____

Phone Number: _____ Email: _____

Employer: _____ Job Title: _____

First & Last Name: _____

Phone Number: _____ Email: _____

Employer: _____ Job Title: _____

Child Information

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Household Information

Number of Adults: _____

Number of Children: _____

Total in Household: _____

Total Household Income: _____

I certify that the data provided is correct and request that my application for a membership discount in Scouting America be considered for approval.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Revised: 08/2025 AB

Number of Scouts: _____ District: _____

Unit & Number: _____ Discount Given: _____

Scout Executive Signature: _____ Date: _____