



CAPE FEAR COUNCIL, BSA HISTORICAL ASSOCIATION

APPLICATION FOR MEMBERSHIP

Name: _____

Age: _____ Male: _____ Female _____

Address:

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone No: _____ Cell Phone No: _____

E-Mail Address: _____

Scouting position as registered in Cape Fear Council, BSA: _____

List how you can help the Association _____

Do you have items to donate? _____ If so what are they? _____

Do you have skills that can help with the museum maintenance? _____ If so what are they?

Annual Membership Fee - \$10.00. Checks should be payable to Cape Fear Council, BSA
You may also pay by Visa or MasterCard (Please circle)

Credit Card No. _____ Expiration Date: _____

Cape Fear Council, BSA
P.O. Box 7156
Wilmington, NC 28406
(910) 395-1100
FAX: (910) 395-0894

Office Use Only

Paid: Date _____ Amount: _____

Member Number: _____