

## REQUIRED CERTIFICATIONS

### Employee Certification

I have reviewed the Annual Local Council Membership Validation Requirements and certify that I understand how they apply to my responsibilities in the council.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Staff position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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### District Key 3 Certification

We have reviewed the Annual Local Council Membership Validation Requirements and certify that we understand how they apply to our responsibilities within the district of this council.

\_\_\_\_\_  
District executive's signature

\_\_\_\_\_  
District chair's signature

\_\_\_\_\_  
District commissioner's signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
District

\_\_\_\_\_  
Council

**Copies to be retained in the local council service center.**

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### Council Key 3 Certification

We have reviewed the Annual Local Council Membership Validation Requirements with our staff leaders, all other professional staff members, the registration staff, and all district Key 3s, and certify that the council enforces the above procedures.

\_\_\_\_\_  
Scout executive's signature

\_\_\_\_\_  
Council president's signature

\_\_\_\_\_  
Council commissioner's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Council

\_\_\_\_\_  
Number

I have reviewed this information with the Scout executive. I certify that the proper membership validation requirements are in place and the council is in compliance.

\_\_\_\_\_  
Area director's signature

\_\_\_\_\_  
Date