ANNUAL LOCAL COUNCIL MEMBERSHIP VALIDATION REQUIREMENTS

Roster Form

The following individuals have read the Annual Local Council Membership Validation Requirements and have signed the appropriate certification forms, which are on file at the council office.

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I certify that the above individuals have all read and agree to comply with the membership validation requirements. This includes all professionals, registration staff, support staff, council office employees, program aids or project workers, and designated volunteers.

_____

Scout executive's signature

_____	_____	_____
Date	**Council**	**Number**

It will be acceptable to attach a printed roster to this form.