

7727913318

# ADULT APPLICATION

- PACK NO.
- TROOP NO.
- POST NO.
- SHIP NO.

OR  DISTRICT POSITION

DISTRICT COMMITTEE

DISTRICT NO. 3

CHECK ONE  
 NEW LEADER  
 FORMER LEADER

FULLY TRAINED

PLEASE PRINT ONE LETTER IN EACH SPACE—PRESS HARD, YOU ARE MAKING THREE COPIES.

NAME: PAUL WONGEWAY      BIRTH DATE: 01/31/47      POSITION: 79

PRINT FIRST NAME FIRST—LEAVE A SPACE BETWEEN FIRST NAME, INITIAL, AND LAST NAME      MO.      DAY      YR.      UNIT CODE

ADDRESS—STREET OR R.F.D.

RD BOX 329A

COLLEGE SCOUTER RESERVE — USE YOUR MAILING ADDRESS AT COLLEGE.

CITY: PORT MATILDA      STATE: PA      ZIP CODE: 16870      SEX: M      AGE: 31

HOME PHONE

ASM 196 +

PREVIOUS SCOUTING BACKGROUND

Keystone Area Council

COUNCIL

9/7/78

DATE

STUDENT - PSU

OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS

Paul Wongeway

SIGNATURE—SEE COVER

REGISTRATION FEE      BOYS' LIFE FEE      TERM (MONTHS)      UNIT EXPIRATION DATE

\$ 3.50      \$ .      12      MONTH YEAR 0679

APPROVAL—SEE COVER

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by a payment of 50 cents for processing the transfer. Check the box and attach certificate. It will be returned by the council.

FOR COUNCIL USE

NATIONAL COPY

TS/MS/KS v. BS  
Produced Pursuant to Protective Order

No. 28-501

# ADULT APPLICATION

PACK NO. \_\_\_\_\_  
 TROOP NO. \_\_\_\_\_  
 POST NO. \_\_\_\_\_  
 SHIP NO. \_\_\_\_\_

COUNCIL/DISTRICT POSITION  
 OR ~~(ADC) ADVANCED MEMBER~~  
 COMMISSIONER  FULLY TRAINED  
 DISTRICT NO. 1

PLEASE PRINT ONE LETTER IN EACH SPACE - PRESS HARD  
YOU ARE MAKING THREE COPIES.

NAME JOHN PAUL LONG

DATE OF BIRTH 05 23 47 POSITION CM  
MO. DAY YR. UNIT CODE

PRINT FIRST NAME FIRST - LEAVE A SPACE BETWEEN  
FIRST NAME, INITIAL, AND LAST NAME

ADDRESS - STREET OR R.F.D.

RD BOX 329A

BOYS' LIFE CHECK ONE  
 NEW LEADER  FORMER LEADER

COLLEGE SCOUTER RESERVE - USE YOUR MAILING ADDRESS AT COLLEGE

CITY PORT MATILDA STATE PA ZIP CODE 16870 SEX M AGE 33

HOME PHONE 692-7831 DATE 4/13/80 PREVIOUS SCOUTING BACKGROUND South Florida Council

OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS  
RSU - Asst. Prof.

SIGNATURE SEE COVER  
*J. Paul Long*

REGISTRATION FEE \$ BOYS' LIFE FEE \$ TERM (MONTHS) UNIT EXPIRATION DATE MONTH YEAR

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by a payment of 50 cents for processing the transfer. Check the box and attach certificate. It will be returned by the council.

APPROVAL - SEE COVER

FOR COUNCIL USE

R. STANON

APR 12 1980

TSBSA007861